

Orientation Resource Guide

for Nursing Leadership in Public Health

November 2002

DRAFT



This orientation process has been developed for members of the Public Health Nursing Directors (PHND) of Washington, an organization of public health leaders responsible for the management of "personal health" programs for local health jurisdictions. Accordingly, these orientation materials apply to all new local health staff performing this leadership function regardless of their credentials, prior training, or position title.

Public Health Nursing Directors Orientation Workgroup

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Orientation of New Public Health Nursing Directors in Washington State

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Section 1: Background and Purpose

The unique core functions and changing features of public health [practice] make the world of nursing leadership demanding, stimulating, requiring diverse expertise and knowledge, excellent critical thinking skills, and exceptional interpersonal capabilities. [The] field of public health nursing necessitates leaders who adapt to change, are able to take risks, and are visionary.

from Bobbie Berkowitz et al. "Public Health Nursing Leadership: Creating Opportunities in the New Millennium"

The Public Health Nursing Directors (PHND) of Washington is an organization made up of individuals who are in leadership positions and are responsible for carrying out or managing the "personal health" programs in local health jurisdictions across the state. Membership in the organization is not limited to nurses, or to having the title of "director" in the position description. It is in that spirit that this orientation document was created, and the use of "PHND" is for consistency and simplicity.

The position of PHND requires a unique combination of skills and talents. To effectively execute the job, the PHND must be a combination of a manager, a clinician, a supervisor, an accountant, a teacher, an epidemiologist, a health educator, a public relations officer, a lawyer, a colleague, and a friend. The PHND must be able to administer a program(s), set priorities and goals, supervise nursing and other staff, develop and track budgets, write proposals for grants and other funding, oversee contracts, evaluate program performance, and communicate with the public on a routine basis.

Although new PHND come into the role with extensive knowledge and experience in many of the necessary disciplines as well as other innate strengths and abilities, not all PHND feel prepared to assume the full range of responsibilities for the position when they first enter the job. An orientation to public health, on-the-job training, mentoring, and/or readily available resource materials can help ALL new PHND perform their duties more effectively and have a positive impact on the practice of public health in Washington State.

The "Orientation Resource Guide for Nursing Leadership in Public Health" was developed to help prepare new nursing leadership in local public health practice for the road that lies ahead. The orientation provides new PHND with a sound basis in public health, an introduction to the many facets of the nursing director job, and a variety of means by which to learn more about both. The orientation does not teach the many skills necessary for the job of a nursing director. (That is an ongoing and long-term task.) Rather the orientation is designed to provide new nursing directors with a framework upon which to build over time and a means to more comfortably grow into their job. Development of the orientation process began in the Spring of 2000 with a review of PHND and other nursing leadership roles and responsibilities. (Appendix 1) Over the next 12 months, the Washington State Association of Local Public Health Officials (WSALPHO) PHND Forum and the Washington State

Department of Health (DOH) established an orientation process that focused on high priority PHND roles and responsibilities (i.e., those felt to be most crucial to new nursing leadership at the beginning of their tenure). Developmental steps included brainstorming sessions with a small workgroup (i.e., the PHND Orientation Workgroup), consultation with other public health practitioners and educators, and collection and development of orientation materials. The PHND Forum played a critical role in confirming the necessary elements of the orientation and commenting on draft procedures and materials. A variety of other public health practitioners contributed formally and informally to the process by sharing ideas, experiences, and training materials.

Although this document establishes an orientation process for PHND beginning in May 2001, it is anticipated that the roles and responsibilities of PHND will change over time. In addition, it is likely that new training materials and resources will become available. To respond to these changes, the orientation process should be dynamic in nature. This will require ongoing and periodic evaluations of the process and creativity (and flexibility) on the part of new PHND, the DOH Public Health Nurse Liaison, the PHND Forum, and other persons involved in the orientation process.

This orientation is based on needs common to most new nursing leadership. Because new PHND come into their positions with a variety of backgrounds and experiences and their roles and responsibilities differ, the orientation may not meet all needs of each new PHND. As a result, new nursing leadership may need to supplement this orientation with training and references from other sources such as orientation activities provided by WSALPHO and the PHND's own local health jurisdiction.

These PHND orientation activities should in no way inhibit or interfere with orientation activities coordinated by other groups. Furthermore, where possible, efforts should be made to combine and streamline orientation activities from different sources.

Purpose

Through the orientation process, the new PHND will become better prepared (and equipped) to assume nursing leadership roles and responsibilities and facilitate work undertaken by others in their local health jurisdiction.

Section 2 Orientation Process Steps

Steps In The Orientation Process

The PHND orientation is an ongoing process that begins before the new PHND is hired (i.e., with the local health jurisdiction's recruitment efforts) and continues until the PHND feels comfortable with his/her duties and responsibilities as a PHND. DOH, WSALPHO, the new PHND, and his/her local health jurisdiction all share in the responsibilities for the orientation process.

Figure 1.

Key Steps: Orientation of New Public Health Nursing Leadership in Washington State

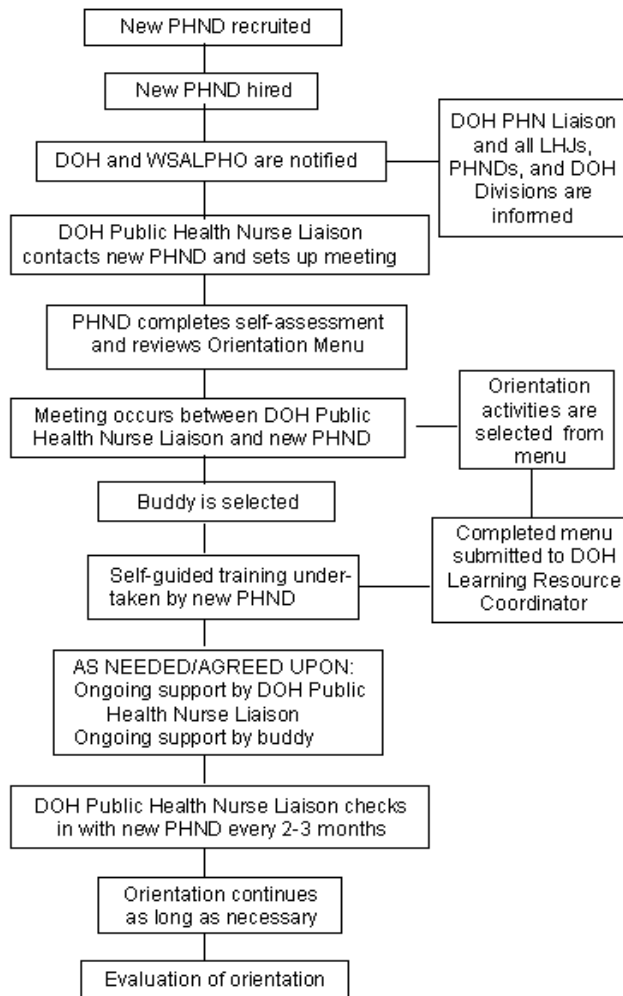


Figure 1 (on the previous page) illustrates the steps in the PHND orientation process and the persons/groups responsible for completion of each step. Key steps include meeting with the DOH Public Health Nurse Liaison, being assigned a buddy, and undertaking the recommended self-study. Although it is suggested that all steps of the orientation be undertaken, they may occur in a different order or, depending on the new PHND's background and experiences, may not be necessary at all.

- Step 1: **Recruitment for a new PHND is initiated.** (Responsibility: local health jurisdiction [LHJ] hiring new nursing director)
- Step 2: **The new PHND is hired.** (Responsibility: LHJ hiring new nursing director)
- Step 3: **DOH and WSALPHO are notified of new PHND appointment.** (Responsibility: LHJ hiring new nursing director) The LHJ notifies DOH Office of Public Health Systems Planning & Development and WSALPHO administrator of the new appointment.
- Step 4: **PHND appointment is communicated throughout DOH and WSALPHO.** (Responsibility: DOH Office of Public Health Systems Planning & Development, WSALPHO)
- DOH Public Health Nurse Liaison is notified
 - Name and address of new PHND is communicated to all DOH programs, other LHJs, and all PHNDs in Washington State
 - Local health department directory is updated
 - Email address is added to address book for agency
 - Name and email address are added to WSALPHO list serve
 - Name and email address are added to PHND list serve
 - Name and email address are added to PHND on-line conference system
 - Name and address are added to WSALPHO mailing list
- Step 5: **DOH Public Health Nurse Liaison contacts new PHND.** (Responsibility: Public Health Nurse Liaison) Public Health Nurse Liaison welcomes new nursing director to public health, helps deal with any immediate problems, and arranges for an in-person meeting with new nursing director. Self-assessment form and orientation menu are sent to new PHND.
- Step 6: **DOH Public Health Nurse Liaison meets with new nursing director.** (Responsibility: DOH Public Health Nurse Liaison)
- Will occur within 6 weeks of PHND arrival on the job, if at all possible
 - Should take place at the new PHND's LHJ unless other meetings in Olympia are also planned
 - Includes provision of a few basic materials about DOH, WSALPHO, PHND forum (e.g., phone lists and organizational charts) and introduction of DOH Local Public Health Liaison, DOH Learning Resource Coordinator, DOH Environmental Health Director Liaison, and PHND Forum Chair

- Includes review of Orientation Menu and selection of appropriate items (including important contacts in coming months)
 - Copy of completed Orientation Menu is forwarded to DOH Learning Resource Coordinator
- Step 7: **A buddy is identified.** (Responsibility: DOH Public Health Nurse Liaison, WSALPHO PHND Forum Executive Committee) Candidates are contacted, informed of responsibilities, and asked about availability/willingness to be a buddy.
- Step 8: **Orientation/training occurs, largely self-guided by new PHND.** (Responsibility: new PHND, buddy, DOH Public Health Nurse Liaison, DOH Office of Public Health Systems Planning & Development [Learning Resource Coordinator and Local Health Liaison]) Appropriate documents, reference books, and other materials (from Orientation Menu) are packaged and sent to new PHND or PHND is given information to order materials. Requested meetings are arranged. As needed, the new PHND contacts buddy or DOH Public Health Nurse Liaison for advice and assistance. New PHND participates in PHND “Newcomers Group” and other PHND Forum activities.
- Step 9: **DOH Public Health Nurse Liaison checks in with new nursing director and buddy every 2-3 months.** (Responsibility: DOH Public Health Nurse Liaison)
- Step 10: **Orientation process continues until new nursing director feels comfortable with roles and responsibilities.** (Responsibility: new PHND, DOH Public Health Nurse Liaison, buddy, WSALPHO PHND Forum)
- Step 11: **Orientation process for individual nursing director is evaluated.** (Responsibility: DOH Office of Public Health Systems Planning & Development [Learning Resource Coordinator], new PHND, buddy, DOH Public Health Nurse Liaison)
- Step 12: **Orientation process is reviewed on an annual basis.** (Responsibility: DOH Public Health Nurse Liaison, PHND Forum, nursing directors who have participated in the orientation during the previous year) Outcomes from ongoing or completed PHND orientations will be reviewed and current needs of PHND will be considered. Efforts will be made to identify ways to make the orientation process more practical and relevant to the needs of new nursing directors and more feasible to undertake.

Resources and Activities

The PHND orientation process is largely self-guided and consists of a collection of materials and activities through which nursing leadership can learn about public health, their local health jurisdiction, the health of their community, and the major roles and responsibilities of a PHND. The process is intended to be customized to meet individual needs and includes a variety of learning resources:

Section 2: Orientation Process Steps

- Introduction to public health practice in Washington State by the DOH Public Health Nurse Liaison
- A menu of training options consisting of suggested written materials/ references and activities
- Meetings with key people at both state and local levels; for example, local health jurisdiction staff, staff from the DOH Division of Community and Family Health, the County Attorney
- Individual support from a more experienced PHND (Buddy System)
- Opportunities to meet with other new nursing directors (Newcomers Group)

Directions for Completion of the Orientation Process

The Learning Resource Toolkit is designed to document the individual's orientation plan through the selection of orientation activities by the new nursing director. Each item in the toolkit has space for the nursing director to indicate if that item will be part of their orientation, and to document when they have completed that reference or activity. Orientation activities can be supplemented with other available materials/activities.

During the orientation, the DOH Public Health Nurse Liaison and "buddy" will work with the new PHND to identify appropriate activities and training opportunities based on the new PHND's background and experiences, job responsibilities, and the local health jurisdiction's financial resources. The new PHND will complete a brief biography of her/himself (Appendix 2).

Developing the Orientation Plan by using the Toolkit

Orientation items/activities will be selected from the "Learning Resource Toolkit" (Section 7) and will be supplemented with other available materials/activities. Self-assessment questions at the beginning of each section of the menu will help in this process.

To help prioritize specific orientation options, both the "written and online references" and the orientation "activities" sections are ranked according to the following categories:

Basic Level	Most important areas to have an understanding or mastery of early in tenure; necessary for immediate work activities. For those with no proficiency or an "aware" level of proficiency in the knowledge area.
Secondary Level	Also useful in effective performance of work activities but of less immediate nature; can be addressed over longer time frame. These references and activities will increase proficiency for those with a "knowledgeable" level of proficiency.

Additional Items	These reference provide for those who are at a “proficient” level or have an interest in the topic for a more detailed knowledge or advanced skills in a particular area or a better understanding of the philosophies behind specific public health initiatives; can be addressed over extended time frame.
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These rankings of orientation options should not be strictly applied due to the overlap in the categories, differing priorities for each PHND and the ongoing nature of the orientation process. The rankings are, however, an acknowledgement that time and resources are limited and certain information and skills are more urgent than others to a new PHND. In addition, the ranking suggests that the orientation is an ongoing process to continue through the initial months and years of a new PHND’s tenure.

Finalizing the Orientation Plan

The new nursing director should review their orientation plan with their hiring agent (or HR) and mentor to learn of other activities to address needed areas or make revision based on a more experienced person’s knowledge of available resources. The orientation plan will then serve as an “order form” to request orientation materials or the arrangement of certain meetings. A copy of the initial orientation plan should be forwarded to the Washington State Department of Health Learning Resource Coordinator. During the orientation period, the new nursing director should feel free to request additional items from the Learning Resource Coordinator or discuss the inclusion of items not listed in the learning resource toolkit.

Conducting the Orientation Process

Over the course of the first year in the nursing director position, the new nursing director should complete as many of the orientation activities as possible. If the new nursing director encounters any difficulty in completing the orientation, they should contact either their mentor or the hiring agent to determine how to proceed with the orientation activities. As each activity is completed the new nursing director should not the date and any comments regarding the materials or activity in the first column of the toolkit referencing that item.

Section 3: Competency

Upon completing the Public Health Nursing Director (PHND) orientation, the nursing director will enhance their competency in:

1. Basic Public Health Practice

- Develop programs and services consistent with the core functions of public health and the 10 essential services.
- Determine the most appropriate role for public health (and, more specifically, the PHND's local health jurisdiction) in a given community health problem.
- Access and use public health standards and best practices to improve services and programs at their local health jurisdiction.
- Define basic terminology and components of program evaluation.

2. Local Health Jurisdiction and Community

- Describe the organization of their local health jurisdiction including senior executive staff members and key programs.
- Access agency policies and procedures regarding everyday local health jurisdiction operations (e.g., hiring and firing, protection of confidentiality, and internal and external communications).
- Describe the priority public health problems in the local community and high priority public health activities.
- Move a public health issue through appropriate channels at the local health jurisdiction for problem identification, discussion, development of action plans, and review.

3. Other Partners

- List the appropriate people/groups (in and outside the local health jurisdiction) to include in a meeting or discussion about a particular public health problem/initiative.
- Communicate with key partners (inside and outside the local health jurisdiction with whom there will be recurrent interactions over time) so that future communications occur in a timely manner, are directed at the most appropriate person(s), and meet the desired purpose.

4. Budgeting and Contracting

- Define basic budgeting and contracting terminology.
- List and describe the different funding streams for programs for which they are responsible.

5. Legal Authority of Public Health

- Access state laws and regulations that impact public health practice.
- Describe the legal basis for the programs for which they are responsible.

6. *Supervision/personnel*

- Describe the strengths and weaknesses of staff they supervise so that they can delegate duties more appropriately, determine the necessary level of oversight for an individual, and seek staff development and continuing education where necessary.
- Describe local health jurisdiction hiring and firing policies.

7. *Public Health Nursing*

- Identify the most appropriate person to whom to delegate a particular nursing duty or task.
- Determine the appropriate level of oversight for individual nursing staff.

8. *Informatics*

- Identify existing data sources to help characterize a public health problem or evaluate a public health service/program.
- Use email to communicate with others (including the WSALPHO and PHND list serve and PHND on-line conference).

9. *Media and Public Relations*

- List 10 DOs and DON'Ts when being interviewed by the media.
- Discuss problems that are likely to arise in a high concern/low trust situation and ways one might address these problems through risk communications.
- Work with other staff to develop the message for an interview with the media.

10. *PHND Growth and Survival*

- Describe their roles and responsibilities as expected by the Local Board of Health and local health jurisdiction administrator.
- Prioritize their work.
- Identify resources (written, electronic, human) to help the new PHND deal with questions or problems in the any of the above areas.
- Be able to stay in his/her job for more than a few weeks.

Section 4: Knowledge Area and Learning Objectives

Through the orientation process, the new PHND will become better prepared to assume PHND roles and responsibilities and facilitate work undertaken by others in their local health jurisdiction. In particular, the process has been developed to provide information and training in ten major areas of focus prioritized by the PHND Orientation workgroup. These focus areas include:

1. Basic public health practice and the Washington State public health system
2. The local health jurisdiction
3. Other partners
4. Basic budgeting and contracting
5. Legal authority of public health
6. Supervision/personnel
7. Public health nursing
8. Informatics
9. Media and public relations
10. PHND growth and survival

These areas provide the organizing framework for the orientation objectives, process, and materials.

Learning Objectives

Upon completing the orientation process, the PHND will:

1. Have a better understanding of the context of public health practice in Washington State and in their local health jurisdiction.
2. Be familiar with common public health terminology and issues.
3. Be familiar with the agencies and personnel in public health practice at the state and local level.
4. Be able to identify resources (including written references and human contacts) to support their work.
5. Be able to access the PHND network for consultation and mutual support.
6. Perform selected job activities with increased knowledge and skill.

Upon completion of the orientation, the PHND will demonstrate a set of orientation competencies that reflect an ability to work within the framework of their local health jurisdiction and public health practice in Washington State and a capacity to grow to meet each situation at hand.

Section 5: Self-Assessment

The following questions will help assess your prior experience in public health and identify areas for focus of the orientation process. Please check the appropriate response for each question in the boxes provided. Additional explanations may be provided at the end.

☐ **PRO = Proficient**

☐ **KNOW = Knowledgeable**

☐ **AWARE**

PUBLIC HEALTH PRACTICE	PRO	KNOW	AWARE	N/A
Have you ever worked in public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ in Washington State?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the core functions of public health and the 10 Essential Public Health Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the "Public Health Improvement Plan", including the Standards for Public Health Performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a member of the Washington State Public Health Association?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a member of the American Public Health Association?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in an infectious disease outbreak investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in a food-borne or water-borne disease outbreak or investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in a community health assessment process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had experience with other public health programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you need further orientation to basic public health practice to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOCAL HEALTH JURISDICTION	PRO	KNOW	AWARE	N/A
Have you ever been a public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ in Washington State?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the roles and responsibilities common to most public health nursing directors in Washington State?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked in this local health jurisdiction before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the organizational structure of the local health jurisdiction? (e.g.,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Self Assessment of Public Health Experience

LOCAL HEALTH JURISDICTION	PRO	KNOW	AWARE	N/A
the local health jurisdiction? (e.g., divisions/departments and key programs)				
Are you acquainted with senior management and program leads in the local health jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the major health problems in the community and high priority public health activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you need further orientation to the local health jurisdiction to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER PARTNERS	PRO	KNOW	AWARE	N/A
Have you worked with the State Department of Health in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked with the State Department of Social and Health Services in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the Washington State Association of Local Public Health Officials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you live in the community in which the local health jurisdiction is located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you acquainted with key leaders in this community? (e.g., County Commissioners, mayor, hospital administrator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you need further orientation to other partners to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUDGETING AND CONTRACTING	PRO	KNOW	AWARE	N/A
Have you had experience in developing a budget for a program, division, or agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know the funding and revenue sources for your LHJ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know how to read and interpret the BARS report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have training in financial management or accounting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you responsible for overseeing the development and management of your agency's Consolidated Contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, do you have knowledge of all programs funded through the contract, including the various federal and state administrative, fiscal, and program requirements, contract deliverables, program reports, and timelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you responsible for overseeing any other contracts, and if so, are you familiar with these contracts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you think you need additional orientation and training in budgeting and contract management and monitoring to adequately perform your duties as public health nursing director? ☐ ☐ ☐ ☐

LEGAL AUTHORITY OF PUBLIC HEALTH	PRO	KNOW	AWARE	N/A
Do you know how to access the full text of Washington State laws including the Revised Code of Washington (RCWs) and Washington Administrative Code (WACs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know who the county attorney is and the protocol for interacting with this him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you need additional orientation or training in legal authority of public health to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISION/PERSONNEL	PRO	KNOW	AWARE	N/A
Have you had experience managing other leaders or supervising staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with federal legislation regarding treatment of employees such as the Americans with Disabilities Act or the Family and Medical Leave Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you hired or fired staff under local county government rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked with unions (as an employer)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you need additional orientation or training in supervision/personnel to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PUBLIC HEALTH NURSING	PRO	KNOW	AWARE	N/A
Are you responsible for supervising any nursing staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you oversee the clinical activities of any nursing staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the laws relating to nursing care and regulation of the health professions in Washington State?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand how population-based practice differs from clinic practice and the public health nursing interventions used in public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the Nursing Care Quality Assurance Commission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need further orientation or training on public health nursing to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Self Assessment of Public Health Experience

INFORMATICS	PRO	KNOW	AWARE	N/A
Do you have experience using a personal computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used email?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever performed a search on the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in a list serve or email discussion group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with Washington State laws on information privacy and public disclosure, and with the Health Insurance Portability and Accountability Act (HIPAA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with key electronic systems available to document and track administrative and clinical public health activities, such as CIMS and VISTA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you need further orientation or training on the computer or information systems to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDIA AND PUBLIC RELATIONS	PRO	KNOW	AWARE	N/A
Do you have experience presenting to large groups of people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ medical professionals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ the general public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ school students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ special interest groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been interviewed by the media? (e.g., newspaper, radio, television)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever given a lecture or taught a course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need additional training in communications and public relations to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHND GROWTH AND SURVIVAL	PRO	KNOW	AWARE	N/A
Have you had experience in the management of patients with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ sexually transmitted diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ HIV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ meningococcal meningitis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ vaccine preventable diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ potential rabies exposure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ diarrheal diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ lice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have access to up-to-date infectious disease control and treatment references? (e.g., <u>Control of</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHND GROWTH AND SURVIVAL	PRO	KNOW	AWARE	N/A
<u>Communicable Diseases Manual, The Red Book)</u>				
Have you had experience with state or local Maternal Child Health Programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Maternity Support Services/Case Management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ School health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Childcare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Children with Special Health Care Needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Child Abuse Prevention and Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ PHN Intensive Home Visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Oral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ WIC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL EXPLANATIONS: (if necessary)

Section 6: Mentoring

Public Health Nursing Director Buddy System

The PHND Buddy System consists of pairing an experienced (i.e., seasoned) PHND with each new nursing director in Washington State. The purpose of the system is to provide intermittent, individualized, practical, and relevant guidance as needed to the new PHND in the performance of his/her duties and responsibilities during his/her first year on the job. The system is meant to complement other orientation and training activities and should not supplant direction or guidance provided by administrators and staff from the new PHND's local health jurisdiction.

Acting as a PHND buddy will be voluntary. PHNDs will not be required to take on buddying responsibilities and will only be confirmed as a buddy after they: 1) read this description and 2) agree to participate.

The buddy and new PHND will develop their relationship and style of interaction with minimal oversight. The DOH Public Health Nurse Liaison will be responsible for tracking who has agreed to act as a buddy and intermittent assessments of the relationship. The DOH Learning Resource Coordinator will support the process where requested and will help collect information to evaluate the new PHND/buddy relationship when it has ended. The buddy and the new PHND will be responsible for informing the DOH Public Health Nurse Liaison if there are problems with the new PHND/buddy relationship.

Responsibilities of the Buddy

During the first year that the new PHND is on the job, the buddy will provide the following services:

- be available (within reason) by telephone during normal working hours for consultation with the new PHND on specific problems and issues as they arise (Note: The definition of "within reason" will be discussed and agreed upon by the new PHND and the buddy.)
- link the new PHND as needed with other resources within the public health and medical community (e.g., other PHNDs, medical specialists, Washington State Association of Local Public Health Officials (WSALPHO) members, staff from the Washington State Department of Health [DOH], resource persons from the Centers for Disease Control and Prevention [CDC])
- provide insights into the politics of public health practice and how to get things done
- periodically check-in with the new PHND to help identify additional orientation or training needs and provide moral support
- inform the DOH Public Health Nurse Liaison if there are any problems with the new nursing director/buddy relationship

Section 6: Mentoring

- work with the DOH Public Health Nurse Liaison and the new PHND to determine the need for further support/orientation after the new PHND has been on the job for one year
- intermittently undertake site visits to the new PHND's office and/or have the new PHND visit their office (OPTIONAL)

Qualifications of Buddy

- at least 3 years of experience as a PHND in Washington State
- familiarity with the PHND orientation process
- experience in a local health jurisdiction that is similar in nature to the new PHND's jurisdiction (OPTIONAL)
- from a local health jurisdiction geographically close to the new PHND's jurisdiction (OPTIONAL)

Selection of Buddy

The DOH Public Health Nurse Liaison and the Executive Committee of the PHND Forum will develop a list of potential buddies as soon as possible after the new PHND's first meeting with the DOH Public Health Nurse Liaison. The DOH Public Health Nurse Liaison will contact the potential candidates, obtain a commitment from one, and inform the new PHND and PHND Executive Committee of the selection.

Oversight of Relationship

The buddy and new PHND will develop their relationship and style of interaction with minimal oversight. They will decide upon the scope of the consultation, best means of communication, and the preferred timing.

The DOH Public Health Nurse Liaison will track who has been paired with each new PHND and intermittently assess their relationship. The DOH Learning Resource Coordinator will support the process where requested and will help collect information to evaluate the new PHND/buddy relationship when it has ended. The buddy will be responsible for informing the DOH Public Health Nurse Liaison if there are problems with the new PHND/buddy relationship, buddy responsibilities become excessive, or the buddy is not able to carry out his/her responsibilities for some reason. The new PHND will also be responsible for keeping the DOH Public Health Nurse Liaison apprised of the relationship and any problems so that the DOH Public Health Nurse Liaison can provide mediation when appropriate.

Estimated Time Commitment

A buddy will be asked to provide guidance to their assigned new PHND for at least one year. This period can be extended if deemed to be useful and agreed upon by both parties.

Consultation with the new nursing director will vary over time but is not expected to require more than a couple of hours each month. (Note: The new PHND and buddy will discuss the level of consultation during their initial contact.) If the time required for this activity consistently exceeds the agreed upon commitment, the buddy should inform the DOH Public Nurse Liaison.

Compensation

Being a PHND buddy is a voluntary activity and comes with no financial rewards or incentives. The buddy will not be compensated for time or expenses involved with ongoing consultation with the new PHND unless pre-approved by the DOH Public Health Nurse Liaison.

Public Health Nursing Directors Newcomers Group

The Public Health Nursing Directors (PHND) Newcomers Group is an opportunity for new PHND to meet with each other and more experienced PHND to talk about issues of relevance to PHND in Washington State. The Group's activity will consist of periodic, guided discussions in which participants reflect on their problems, frustrations, and successes as PHND and generate solutions to and guidance on commonly occurring problems. The PHND Newcomers Group will allow for the detailed exploration of important public health issues in a nonjudgmental, collegial atmosphere and will help new PHND deal more successfully with the challenges of being a PHND.

The PHND Newcomers Group will meet approximately four times a year. The meetings will coincide with the day-and-a-half PHND Forum meetings. All participants will be encouraged to bring issues for discussion to the meetings including problems they have encountered or successfully solved.

Purpose

The PHND Newcomers Group will allow for the detailed exploration of important public health issues among PHND in a nonjudgmental, collegial atmosphere and will help new PHND deal more successfully with the challenges of being a PHND. Specific objectives of the Group include to:

- educate new PHND on selected public health topics
- allow mutual problem solving among new and more experienced PHND
- provide psychosocial support for new PHND

The Newcomers Group is meant to complement other orientation and training activities and should not supplant direction or guidance provided by administrators and staff from the new PHND's local health jurisdiction.

Participants

Participants in the Newcomers Group will include all interested PHND (especially new PHND), the PHND Forum Executive Team, and the Washington State Department of Health (DOH) Public Health Nurse Liaison. Anyone who wishes to participate in the discussions, however, will be welcome.

Scheduling of Meetings

The PHND Newcomers Group will meet approximately four times a year. The meetings will coincide with the day-and-a-half PHND Forum meetings and will occur over lunch on the first day of the meeting.

Section 6: Mentoring

The PHND Forum Secretary/Treasurer will notify all PHND of upcoming Newcomers Group meetings. Interested persons will be asked to register in advance so that adequate arrangements can be made for the group.

Oversight

All participants will be encouraged to bring issues for discussion to the meetings including problems they have encountered or successfully solved. The Executive Team of the PHND Forum and DOH Public Health Nurse Liaison will be responsible for identifying additional topics of relevance and inviting topic-specific consultants to participate in the discussions. The Chair of the PHND Forum (or chair designee) will be responsible for oversight of the meetings and keeping discussions on track.

Section 7: Learning Resource Tool Kit

Framework

This section outlines options for the orientation of new Public Health Nursing Directors (PHND) in Washington State. It is categorized into ten major areas of focus identified by the PHND Orientation Workgroup. These areas include:

1. Basic public health practice
2. The local health jurisdiction
3. Other partners
4. Basic budgeting and contracting
5. Legal authority of public health
6. Supervision/personnel
7. Public health nursing
8. Informatics
9. Media and public relations
10. PHND growth and survival

Orientation items/activities will be selected from the “Learning Resource Toolkit” and will be supplemented with other available materials/activities. Self-assessment questions at the beginning of each section of the menu will help in this process. To help prioritize specific orientation options, both the written and on-line references and the orientation activities are ranked according to the following categories.

Basic Level	Most important areas to have an understanding or mastery of early in tenure; necessary for immediate work activities. For those with no proficiency or an “aware” level of proficiency in the knowledge area.
Secondary Level	Also useful in effective performance of work activities but of less immediate nature; can be addressed over longer time frame. These references and activities will increase proficiency for those with a “knowledgeable” level of proficiency.
Additional Items	These reference provide for those who are at a “proficient” level or have an interest in the topic for a more detailed knowledge or advanced skills in a particular area or a better understanding of the philosophies behind specific public health initiatives; can be addressed over extended time frame.

The rankings of orientation options should not be strictly applied due to the differing priorities for each PHND and the ongoing nature of the orientation process. The

rankings are, however, an acknowledgement that time and resources are limited and certain information and skills are more urgent than others to a new PHND. In addition, the ranking suggests that the orientation is an ongoing process to continue through the initial months and years of a new PHND's tenure.

1. Public Health Practice

The following questions will help you to assess your current proficiency and identify areas of focus for your orientation plan. Please check the appropriate response for each question in the boxes provided. The three column reflect the three levels of proficiency, and are labeled:

- PRO = Proficient
- KNOW = Knowledgeable
- AWARE

Self Assessment

PUBLIC HEALTH PRACTICE	PRO	KNOW	AWARE	N/A
Have you ever worked in public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ in Washington State?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the core functions of public health and the 10 Essential Public Health Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the "Public Health Improvement Plan", including the Standards for Public Health Performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a member of the Washington State Public Health Association?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a member of the American Public Health Association?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in an infectious disease outbreak investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in a food-borne or water-borne disease outbreak or investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in a community health assessment process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had experience with other public health programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you need further orientation to basic public health practice to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list other areas needing further orientation, if any: _____

1. Basic Public Health Practice

BASIC LEVEL

Basic Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB1 Welcome to Public Health: A Guidebook for Local Board of Health Members (University of Washington and Washington State Board of Health, 1996)</p> <p>Description: a 20-page booklet developed by the Washington State Board of Health and the Northwest Center for Public Health Practice in 1996 describing the history of public health in Washington State, the agencies involved, and the general framework of local public health. Booklet also includes a list of commonly used acronyms.</p> <p>Recommended for: public health nursing directors with no prior experience in public health Estimated time to complete: <30 min</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB2 Public Health Improvement Plan (Executive Summaries for 1994, 1996, and 1998) (Washington State Department of Health)</p> <p>Description: executive summaries from documents published each biennium (i.e., 1994, 1996, 1998) by the Washington State Department of Health and the Public Health Improvement Plan Steering Committee. These documents outline the operating philosophy to improve health in Washington State based on the core functions of public health and data-based decision making and progress made since introduction of the concept in 1994.</p> <p>Recommended for: all public health nursing directors Estimated time to complete: 1 hour</p> <p>To obtain/access: Washington State Department of Health Website: http://www.doh.wa.gov/Publicat/94_PHIP/94php.htm (1994) not yet posted to web (1996) http://www.doh.wa.gov/Publicat/98_PHIP/default.htm (1998)</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>WB3 Ten Essential Public Health Services</p> <p>Description: a list of services, developed by a Centers for Disease Control and Prevention workgroup and revised by the Core Functions of Public Health Steering Committee, to be provided routinely by local, state, and federal public health agencies. The list is consistent with the core functions of public health but gives more clarity to the role of public health in health care and increases</p>

Basic Level	Written Materials/References
<p>Completed Date:</p> <p>Comments:</p>	<p>the likelihood that public health will "speak with one voice" about their priorities.</p> <p>Recommended for: all PHND Estimated completion time: <30 minutes</p> <p>To obtain/access: information on the Ten Essential Services can be obtained through Association of Schools for Public Health http://www.asph.org/aa_section.cfm/3 (listing of core functions and ten essential services)</p> <p>American Public Health Association http://www.apha.org/ppp/science/10ES.htm (a history of the core functions and ten essential services and description of each essential service)</p> <p>University of Pittsburgh http://www.pitt.edu/~super1/lecture/lec1971/001.htm (a lecture by V. Dato, "Principles of Public Health: the Mission, Core Functions, and Ten Essential Services")</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB4 Proposed Standards for Public Health in Washington (Washington State Department of Health, 1999)</p> <p>Description: an outline developed by committees of public health practitioners of policies, procedures, programs, and activities that must be in place at the state and local level to protect public health in Washington. Standards are proposed for five key areas of public health practice and, for each standard, a set of measures is provided for local and state agencies.</p> <p>Recommended for: all PHND Estimated time to complete: 1 hour</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB5 Commonly used acronyms in public health</p> <p>Description: a list of commonly used abbreviations for selected government agencies, positions, and diseases. The list was developed by the Northwest Center for Public Health Practice, the UW School of Public Health and Community Medicine, and the Washington State Board of Health in 1996.</p> <p>Recommended for: all PHND Estimated completion time: not applicable (reference)</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street</p>

Basic Level	Written Materials/References
	<p>PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>

Basic Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB1 PHND Newcomers Group</p> <p>Description: periodic, guided discussions in which participants reflect on their problems, frustrations, and successes as PHND and generate solutions to and guidance on commonly occurring problems. (See PHND_Newcomers.doc for more details.)</p> <p>Recommended for: all new PHND Estimated time to complete: 1-1.5 hour meeting held in conjunction with PHND Forum meetings</p> <p>To obtain/access: Chair Public Health Nursing Directors Forum</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB2 PHND Buddy System</p> <p>Description: pairing of an experienced (i.e., seasoned) PHND working in Washington State with each new PHND. The purpose of the system is to provide intermittent, individualized, practical, and relevant guidance as needed to the new PHND in the performance of his/her PHND duties and responsibilities. (See Appendix for full details.)</p> <p>Recommended for: all new PHND Estimated time to complete: one year which can be extended if deemed desirable</p> <p>To obtain/access: arranged by the DOH Local Public Health Nurse Liaison: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>

SECONDARY LEVEL

Secondary Level	Written Materials / References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS1 Core Public Health Functions: A Progress Report from the Washington State Core Government Public Health Functions Task Force (January 1993)</p> <p>Description: a 13-page document developed by the Washington State Core Government Public Health Functions Task Force in 1993 to explain population-based services and the core functions of public health. NOTE: In this document, only “assessment”, “policy development”, and “assurance” are listed as core function. Ultimately, Washington State adopted a list that includes “prevention” and “administration” and expands the assurance role to include “access and quality”.</p> <p>Recommended for: all PHND Estimated completion time: <30 minutes</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS2 Public Health Nursing within Core Public Health Functions: A Progress Report from the Public Health Nursing Directors (June 1993)</p> <p>Description: a 12-page document developed by the Washington State Public Health Nursing Directors in 1993 that describes how public health nursing activities relate to the core functions of public health. The document includes three case studies based on real-life problems (that the reader can work through) that demonstrate how core functions are performed by public health nurses. (This document is a companion to “Core Public Health Functions: A Progress Report from the Washington State Core Government Public Health Functions Task Force”.)</p> <p>Recommended for: all PHND Estimated completion time: 1 hour To obtain/access: available from Washington State Department of Health. Contact:: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>

Secondary Level	Written Materials / References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS3 Core Public Health Functions: Environmental Health: A Report from the Environmental Health Directors of Washington State (September 1993)</p> <p>Description: an 8-page document developed by the Washington State Environmental Health Directors that describes how environmental health activities relate to the core functions of public health. The document includes a specific example of environmental health responding to an outbreak of <i>E. coli</i> O157:H7. (This document is a companion to “Core Public Health Functions: A Progress Report from the Washington State Core Government Public Health Functions Task Force”.)</p> <p>Recommended for: all PHND Estimated completion time: 1 hour</p> <p>To obtain/access: available from Washington State Department of Health. Contact:: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS4 Public Health Improvement Plan (full report) (Washington State Department of Health, 1994)</p> <p>Description: a landmark document published by the Washington State Department of Health and the Public Health Improvement Plan Steering Committee in 1994. This document outlines an operating philosophy to improve health in Washington State based on the core functions of public health and data-based decision making. It includes comprehensive recommendations for public health capacity, finance and governance of the public health system, as well as standards and strategies for addressing key public health problems.</p> <p>Recommended for: all PHND Estimated time to complete: 10-12 hours</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>

Secondary Level	Written Materials / References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS5 Public Health Improvement Plan: A Blueprint for Action (full report) (Washington State Department of Health, 1996)</p> <p>Description: the second biennial report in follow-up to the 1994 Public Health Improvement Plan. This report further defines the infrastructure needed to assure healthy communities, document improvements to date, and recommends future enhancements and improvements in public health practice.</p> <p>Recommended for: all PHND Estimated time to complete: 5 hours</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS6 1998 Public Health Improvement Plan (full report) (Washington State Department of Health, 1998)</p> <p>Description: the third biennial report in follow-up to the 1994 Public Health Improvement Plan (PHIP). This report outlines the significant challenges faced by public health, describes accomplishments toward the PHIP to date, and provides action plans to address the challenges at a statewide level. A large portion of the document is devoted to county-by-county vignettes about how local communities are putting public health improvement ideas to work.</p> <p>Recommended for: all PHND Estimated time to complete: 2 hours</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p> <p>In Binder</p>

Secondary Level	Written Materials / References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS7 Proposed Standards in Washington State: Best Practices Report (December 2000)</p> <p>Description: a listing of “best practices” for systems and processes that address the Washington State proposed standards for public health (and associated measures). The list was developed by MCPP Health Care Consulting, Inc. and Pacific Rim Resource, Inc. through site visits at the 34 local health jurisdictions and 20 programs in the State Department of Health. Each site identified the “best practices” for each standard/measure it wished to share with the consultants. Consultants then selected the “best practice” for the state based on an agreed upon set of criteria.</p> <p>The document is organized by standards and measure. It includes a title for the best practice and source and rationale for including the practice in the report. To use effectively, one must refer to a supplementary report “Best Practices Toolkit” that includes a copy of each document listed in the best practices report.</p> <p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>

Secondary Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS1 “Core Functions of Public Health Training”</p> <p>Description: a one-day workshop sponsored by the State Department of Health to help public health practitioners better understand the core functions of public health. The workshop, which includes public health practitioners from a wide variety of disciplines, backgrounds, and public health experiences, has the following objectives:</p> <ol style="list-style-type: none"> 1) description of the core functions of public health 2) participation in agency discussions about the implementation of core functions 3) ability to use the “prioritization model”, “facilitation tool”, and “community models system” <p>Workshops are scheduled several times each year in different parts of the state.</p> <p>Recommended for: PHND with limited experience in public health who have not taken this training Estimated time to complete: 1 day (not including travel time)</p> <p>To obtain/access: linkage on website through Washington State Public Health Training Network http://healthlinks.washington.edu/nwcp/hp/waphtn/</p>

Secondary Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS2 Rhododendron County Health Department Case Study</p> <p>Description: a case study developed by Bill Dowling from the University of Washington School of Public Health and Community Medicine to help public health practitioners work better with each other, the local board of health, community members, and special interest groups. Participants of the case study assume one of several roles in the Rhododendron County scenario. They are given some background about their role and about the county in which they serve. Participants are presented with a problem through which they must work and come to some resolution.</p> <p>Recommended for: PHND with selected staff members from their local health jurisdiction Estimated time to complete: one day (can be broken up into sections)</p> <p>To obtain/access: case study text available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p> <p>Persons interested in undertaking this case study should contact Bill Dowling or Jim Gale at UW for guidance. There are no facilitator guides to the case study and it may not be entirely clear how to progress through the exercise from participant materials.</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS3 Setting Community Health Priorities (PHTN self-study course)</p> <p>Description: a computer-based training course designed to teach public health professionals how to set community health priorities. The course is based on the eight steps of "The Community Process", which is one part of the Assessment Protocol for Excellence in Public Health (APEX-PH) program. The goal for this program is for the learner to be able to follow a process that involves both the health department and the community in determining health priorities for the community by evaluating and balancing community-expressed and data-driven priorities.</p> <p>Recommended for: PHND with limited background in public health Estimated time to complete: 2-3 hours</p> <p>To obtain/access: software can be obtained from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>

ADDITIONAL ITEMS

Additional Items	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA1 Public Health Nursing Leadership: Creating Opportunities in the New Millennium (Berkowitz, et al. document, no date)</p> <p>Description: a workbook for public health nurses who want to improve their leadership and management skills within the framework of current trends in the practice of public health. Topics include the environment in which public health is practiced, the expanded role of public health nurses as compared to the traditional responsibilities of yesteryear, working with coalitions and partnerships, and the management skills necessary to perform the core functions of assessment, policy development, and assurance. Each of the 9 chapters include objectives, essential readings, and learning activities that help the reader apply concepts covered in the chapter to their own work setting or situation.</p> <p>Recommended for: all PHND Estimated time to complete: 2-3 hours per chapter x 9 chapters (it is likely that work will be spread out over several weeks)</p> <p>To obtain/access: available from the DOH Local Public Health Nurse Liaison. Contact: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA2 The Future of Public Health (Institute of Medicine, 1988)</p> <p>Description: A frequently referenced study published by the Institute of Medicine in 1988. This document attempts to describe the mission of public health, its current state, and the barriers to improvement. The document also provides recommendations for dealing with the mission of public health, the governmental role in fulfilling the mission, and the responsibilities unique to each level of government as well as “instrumental” recommendations such as statutory framework, strategies to build capacity in public health agencies, and education for public health practitioners.</p> <p><u>The Future of Public Health</u> Committee for the Study of the Future of Public Health Division of Health Care Services Institute of Medicine National Academy Press Washington, D.C. 1988 ISBN 0-309-03830-8</p> <p>Recommended for: PHND with limited prior experience in public health; this document may also be useful for other PHND looking for direction and outside philosophical support for selected public health activities Estimated time to complete: 8-10 hours</p> <p>To obtain/access: Download from website</p>

Additional Items	Written Materials/References
	<p>http://www.nap.edu/books/0309038308/html/index.html Full book divided into chapters online</p> <p>Also available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA3 Healthy Communities: New Partnerships for the Future of Public Health (Institute of Medicine, 1996)</p> <p>Description: review by Institute of Medicine Committee of progress made in public health since The Future of Public Health was published. The document supplements and updates the original publication with a particular emphasis on the relationship between 1) public health agencies, the public's health, and managed care and 2) the role of the public health agency in the community.</p> <p><u>Healthy Communities: New Partnerships for the Future of Public Health</u> Michael A. Stoto, Cynthia Abel, and Anne Dievler, Editors Institute of Medicine National Academy Press Washington, D.C. 1996 ISBN 0-309-05625-X</p> <p>Recommended for: PHND with limited prior experience in public health; this document may also be useful for other PHND looking for direction and outside philosophical support for selected public health activities Estimated time to complete: 2-3 hours</p> <p>To obtain/access: Download at: http://www.nap.edu/catalog/5475.html</p> <p>Also available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA4 Informing the Future: Critical Issues in Health (Institute of Medicine, 2001)</p> <p>Description: a 128-page document describing the work of the Institute of Medicine (IOM) and policy areas felt to be important in the next few years. This document includes a review of other IOM publications and further discussions of changing health care delivery, special populations (e.g., children, minorities, and the elderly), behavioral and social sciences, public health policy (e.g., HIV, food safety, tobacco policy, sexually transmitted diseases, and tuberculosis), and medical research.</p>

Additional Items	Written Materials/References
	<p>The IOM is dedicated to improving decision-making by identifying scientifically sound evidence to inform the deliberative process. Over its history, the IOM has become recognized through its projects as a national resource of judgment and veracity in the analysis of issues relating to human health.</p> <p>Recommended for: PHND looking for direction and outside philosophical support for selected public health activities</p> <p>Estimated time to complete: 3-4 hours</p> <p>Obtain/access online at www.iom.edu/transition2000</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA5 Health Policy Coach (website)</p> <p>Description: a peer-reviewed collection of policy-based strategies that have been developed and implemented in communities across the country. The collection, developed by the California Center for Health Improvement, includes a range of policies from both the public and private sectors, at local, state and federal levels. The policies are arranged according to five broad determinants of health -- healthcare, education, safety, work and the environment -- and are presented in the form of policy profiles. Each profile includes background information, policy examples, evidence of effectiveness, contact information for relevant individuals and organizations and a complete list of references.</p> <p>Recommended for: all new PHND</p> <p>Estimated time to complete: varies depending on nature of interest</p> <p>To obtain/access: website http://www.healthpolicycoach.org/</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA6 Guide to Clinical Preventive Services (U.S. Preventive Services Task Force, 1997) (book and website)</p> <p>Description: recommendations developed by the U.S. Preventive Services Task Force on preventive interventions -- screening tests, counseling interventions, immunizations, and chemoprophylactic regimens -- for more than 80 target conditions. This report explores prevention in the clinical setting for a wide range of disease categories and for patients of all ages. The comprehensive and systematic review of evidence for each topic provides the means to compare the relative effectiveness of different preventive services and to determine, on the basis of scientific evidence, the most likely benefit to patients.</p> <p><u>Guide to Clinical Preventive Services</u> U.S. Preventive Services Task Force 2nd edition (October 1997) Reiter's Scientific & Professional Books ISBN: 1883205131</p> <p>Recommended for: all PHND</p> <p>Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: search by topic available online at website http://odphp.osophs.dhhs.gov/pubs/GUIDECPS/</p> <p>Also available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street</p>

Additional Items	Written Materials/References
	<p>PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p> <p>Need to get website address from LHO website (Orientation Matrix)</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA7 Guide to Community Preventive Services (website)</p> <p>Description: a website that provides recommendations on use (or non-use) of population-based interventions for a variety of public health topics. The recommendations are based on systematic reviews of scientific evidence of effectiveness. The Community Guide is being developed by the Task Force on Community Preventive Services, a 15-member panel of non-federal experts in population-based health, convened by but independent of the Department of Health and Human Services. The Community Guide, currently under development, is organized according to changing risk behaviors, reducing specific diseases, injuries or impairments, and addressing environmental and ecosystem challenges.</p> <p>Recommended for: all PHND Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: search by topic available online at website http://www.thecommunityguide.org/home_f.html</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA8 Performance measurement (Bonnie Kostecky, October 1999)</p> <p>Description: handout from a presentation given by Bonnie Kostecky to the PHND Forum on performance measures. The handout includes basic terminology, a worksheet for laying out program activities and performance measures, and a list of references on program evaluation including internet sites.</p> <p>Recommended for: all PHND Estimated time to complete: <30 minutes</p> <p>To obtain/access: available from the DOH Local Public Health Nurse Liaison. Contact: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>

Additional Items	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA1 New “Core Functions” modules such as policy development and community mobilization</p> <p>(to be developed)</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA2 NWCPHP Summer Institute</p> <p>Description: practice-oriented education and training for practitioners in public health agencies and community-based health centers provided by the Northwest Center for Public Health Practice. The Institute occurs each summer at the University of Washington and lasts for several weeks. Course offerings vary each year but include epidemiology/ assessment, management, public health policy and law, and informatics.</p> <p>Recommended for: PHND desiring further training in selected public health topics</p> <p>Estimated completion time: students can register for the full two weeks, for one week, or for individual courses. Tuition is \$700 per week and \$20 per contact hour.</p> <p>To obtain/access: further information can be accessed online at http://healthlinks.washington.edu/nwcphp/edu/si/intro.html</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA3 University of Washington Certificate Program in Public Health Practice</p> <p>Description: a graduate credit program in public health practice delivered through a combination of distance learning and intensive onsite instruction at the University of Washington. The program provides theoretical and practical knowledge for public health professionals who wish to gain additional expertise in their field. The program covers topics in epidemiology, community development and prevention strategies, public health services evaluation, policy development and program planning, and administration and management. Program participants earn 18 graduate credits that may be applied toward a Master’s in Public Health degree. There is a nonrefundable application fee of \$45. Tuition is \$374 per credit. Tuition for the entire program is \$6,732. Limited tuition assistance is available.</p> <p>Recommended for: PHND who are interested in additional public health expertise in their field</p> <p>Estimated completion time: nine months</p> <p>To obtain/access: http://healthlinks.washington.edu/nwcphp/gcp.html</p>

Additional Items	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA4 “Epidemiology in Action”Error! Bookmark not defined. (CDC/Emory University course)</p> <p>Description: a 2-week course (sponsored by CDC and Emory University) in Atlanta, Georgia, on applied epidemiology designed for practicing federal, state, and local health department professionals. This course emphasizes the practical application of epidemiology to public health problems and consists of lectures, workshops, classroom exercises, and computer laboratory. Topics include: descriptive epidemiology and biostatistics, analytic epidemiology, epidemic investigations, public health surveillance, interpretation and communication of data, surveys and sampling, computers and Epi Info training, discussions of selected prevalent diseases.</p> <p>Recommended for: PHND who are interested in additional training in epidemiology Estimated completion time: 2 weeks (including travel time)</p> <p>To obtain/access: http://www.sph.emory.edu/EPICOURSES/basic.htm</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA5 “Principles of Epidemiology” (PHTN self-study course)</p> <p>Description: print-based self-study course developed by CDC in 1992 that covers basic epidemiology principles, concepts, and procedures used in the surveillance and investigation of health-related events. The course is divided into six lessons that use real-life examples, exercises, and self-assessment quizzes to convey and reinforce key points for students. The lessons include:</p> <ul style="list-style-type: none"> • Introduction to epidemiology • Frequency measures used in epidemiology • Measures of central location and dispersion • Organizing epidemiologic data • Public health surveillance • Investigating an outbreak <p>Recommended for: PHND who have assessment responsibilities and have not had previous courses in epidemiology Estimated completion time: 42 hours</p> <p>To obtain/access available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>

2. Local Health Jurisdiction

The following questions will help you to assess your current proficiency and identify areas of focus for your orientation plan. Please check the appropriate response for each question in the boxes provided. The three column reflect the three levels of proficiency, and are labeled:

- PRO = Proficient
- KNOW = Knowledgeable
- AWARE

Self Assessment

LOCAL HEALTH JURISDICTION	PRO	KNOW	AWARE	N/A
Have you ever been a public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ in Washington State?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the roles and responsibilities common to most public health nursing directors in Washington State?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked in this local health jurisdiction before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the organizational structure of the local health jurisdiction? (e.g., divisions/departments and key programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you acquainted with senior management and program leads in the local health jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the major health problems in the community and high priority public health activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you need further orientation to the local health jurisdiction to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list other areas needing further orientation, if any: _____

BASIC LEVEL

Basic Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB1 LHH organizational charts</p> <p>Description: description of local health jurisdiction organizational structure including divisions, offices, and programs, supervisors/leads, and staffing.</p> <p>Recommended for: all PHND Estimated time to complete: <30 minutes</p> <p>To obtain/access: must be obtained locally</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB2 Collection of local policies and procedures for LHH operations</p> <p>Description: policies and procedures used to direct everyday LHH operations such as hiring and firing, protection of confidentiality, and internal and external communications. Although these documents may be difficult to read and absorb upon the initial viewing, new PHND should have some familiarity with their existence and scope so that they can examine individual policies and procedures when necessary.</p> <p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: must be obtained locally</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB3 Collection of local ordinances</p> <p>Description: statutes and regulations enacted by the city or county government that are limited to the local jurisdiction. By law, local ordinances must build upon and be more restrictive than state or federal laws. Examples of local ordinances include things like water fluoridation, advertisement of tobacco products, and needle exchange programs.</p> <p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: must be obtained locally</p> <p>Copies of most local ordinances can also be viewed online at the Municipal Research & Services Center website at http://www.mrsc.org/ordsearch.htm</p>

Basic Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB4 Information on demographics of the community</p> <p>Description: description of community including population size, density and location, age distribution, race/ethnicity, income, education, and leading sources of employment.</p> <p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: must be obtained locally</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB5 LHJ community health assessment</p> <p>Description: locally generated data and reports about the health of the community. This includes the local health jurisdiction community health assessment, notifiable conditions reports, death and birth data, immunization coverage data, and CIMS/WIC data. This information will help the new PHND better understand the major health problems and concerns in the community.</p> <p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: must be obtained locally</p>

Basic Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB1 Individual meetings with key players in local health jurisdiction</p> <p>Description: informal meeting(s) with key players in the local health jurisdiction including county managers, commissioners, Health Director/Administrator, Local Health Officer, Environmental Health Director, and other staff. Objectives will vary depending on meeting participants but include:</p> <ol style="list-style-type: none"> 1) description of key health problems and issues in the community 2) overview of programs, staff, and organization of the local health jurisdiction 3) discussion of key relationships (e.g., between the city and county, the local health jurisdiction and the local board of health and/or county commissioners) 4) initial discussion of local health jurisdiction mandated responsibilities (i.e., through state law and local ordinances) versus elective responsibilities 5) description of new PHND's background and experience 6) clarification of new PHND's roles and responsibilities 7) clarification of lines of communication and supervision 8) provision of contact information for key players (routine and emergency) 9) arrangement of future meetings to discuss program activities and responsibilities in greater detail <p>Ideally, these meetings should take place within the first few weeks of the new PHND's start date and should be a prelude to more in-depth meetings about individual and shared roles and responsibilities. In addition, these early discussion may provide critical insights into the political workings of the local health jurisdiction and how best to get work done.</p>

Basic Level	Activities
	<p>Recommended for: all new PHND Estimated time to complete: several hours (not including travel time)</p> <p>To obtain/access: should be arranged locally</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB2 Local Board of Health meeting</p> <p>Description: participation in Local Board of Health meetings to the degree appropriate for each agency. Meeting attendance can help the new PHND understand:</p> <ol style="list-style-type: none"> 1) the personalities of the individual LBOH members 2) how the LBOH works through problems and issues 3) how the LBOH interacts with or supports the LHJ 4) public health issues of interest to local government and the community. <p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: must be arranged locally</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB3 Individual meetings with staff</p> <p>Description: interviews with each staff member supervised by the PHND to understand their job responsibilities and assess their strengths, weaknesses, and expectations. These meetings can help the new PHND better understand local health jurisdiction capacity and what improvements can be made. Useful questions for staff interviews include:</p> <ul style="list-style-type: none"> • What do you do? • What experience or training have you had to prepare you for your job? • What do you like/not like about your job? • What can PHND do to make your job more meaningful? • What are the 4-5 most important things in your life? <p>Recommended for: all new PHND Estimated time to complete: at least 30 minutes per staff member</p> <p>To obtain/access: should be arranged locally</p>

SECONDARY LEVEL

Secondary Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS1 Materials used to orient Local Board of Health members</p> <p>Description: materials used to orient new Local Board of Health members to public health.</p> <p>Recommended for: PHND where materials are available Estimated time to complete: varies</p> <p>To obtain/access: must be obtained locally</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS2 Local Board of Health meeting minutes</p> <p>Description: records of past Local Board of Health meetings such as minutes, notes, or agendas. This information can help the new PHND understand: 1) the workings of the LBOH, 2) how it interacts with or supports the LHJ, and 3) public health issues of interest to local government and the community.</p> <p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: must be obtained locally</p>
Secondary Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS1 Meetings/contact with other community members</p> <p>Description: meetings with key community members likely to influence local public health and its practice. Objectives of the meetings include:</p> <ol style="list-style-type: none"> 1) introduction of community member ("the contact"), other organization members, the PHND, and participating LHJ staff 2) discussion of the contact's (or his/her organization's) roles and responsibilities and how they may overlap with local public health practice and other peer organizations 3) observations (as viewed by the contact) about the community including composition, groups of special interest, and current issues 4) observations (as viewed by the contact) on key public health problems in the community 5) concerns of contact about public health practices or organization 6) identification of shared goals and visions with regards to the community and public health 7) identification of possible resources (and opportunities) available through the contact and his/her organization or the local health

Secondary Level	Activities
	<p>jurisdiction</p> <p>8) discussion of means to interact in the future (e.g., how local health officer can be contacted, best contact person from the community organization)</p> <p>Recommended for: all PHND Estimated completion time: varies</p> <p>To obtain/access: should be arranged locally</p>

ADDITIONAL ITEMS

Additional Items	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA1 Assessment Protocol for Excellence in Public Health (APEX) Evaluation Part I (if available)</p> <p>Description: an assessment of the organizational capacity of the health department using a workbook developed by the Centers for Disease Control and Prevention, the National Association of County Health Officials, and other collaborators. The document, completed by the local health department, includes indicators that focus on authority to operate, community assessment, policy development, and major administrative areas. By reading the local APEX evaluation, the PHND can learn more about the local health jurisdiction.</p> <p>Recommended for: PHND from LHJs where APEX has been undertaken Estimated time to complete: varies</p> <p>To obtain/access: completed APEX-PH documents must be obtained locally</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA2 Mobilizing for Action through Planning and Partnership (MAPP) (if available)</p> <p>Description: a community-wide strategic planning tool, developed by NACCHO and CDC, for improving community health. Facilitated by public health leadership, this tool helps communities prioritize public health issues and identify resources for addressing them. The process includes four strategic assessments undertaken by the local community: 1) community themes, 2) a local public health system assessment, 3) a community health status assessment, and 4) an evaluation of the forces of change. Community ownership is the focus of MAPP. Because the community's strengths, needs, and desires drive the process, MAPP provides the framework for creating a truly community-driven initiative.</p> <p>(NOTE: This tool was originally called the Assessment and Planning Excellence through Community Partners for Health [APEX-CPH].) By reading locally created MAPP materials, the PHND can learn about the local health jurisdiction, the health of the community, and community dynamics.</p> <p>Recommended for: PHND from LHJs where MAPP has been used</p>

Additional Items	Written Materials/References
	<p>Estimated time to complete: varies</p> <p>To obtain/access: completed MAPP documents must be obtained locally</p> <p>Information on the MAPP process is available online at: http://nacchoweb.naccho.org/MAPP_Home.asp</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA3 Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) (if available)</p> <p>Description: a tool developed by NACCHO to help local communities and health departments conduct a community-based environmental health assessment and create an accurate and verifiable profile of the community's environmental health status. The methodology takes the user through a series of steps to engage the public, collect necessary and relevant information pertaining to community environmental health concerns, rank issues, and set local priorities of action. At the heart lay three core processes: developing new relationships with community stakeholders, expanding the understanding of the relationship between human health and the state of the environment, and redefining the leadership role for public health officials in environmental health. By reading locally created PACE-EH materials, the PHND can learn about environmental health problems and issues in the community as well as key players and community dynamics.</p> <p>(NOTE: This tool was originally called Assessment and Planning for Excellence in Environmental Health [APEX-EH].)</p> <p>Recommended for: PHND from LHJs where PACE has been used Estimated time to complete: varies</p> <p>To obtain/access: completed PACE-EH documents must be obtained locally</p> <p>Information about the PACE process is available online at: http://www.bixler.com/naccho/GENERAL261.htm</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA4 Planned Approach to Community Health (PATCH) (if available)</p> <p>Description: a process, developed by CDC in partnership with state and local health departments and community groups, that is used by communities to plan, conduct, and evaluate health promotion and disease prevention programs. The PATCH process helps the community establish a health promotion team, collect and use local data, set health priorities, and design and evaluate interventions. By reading locally created PATCH materials, the PHND can learn more about the LHJ.</p> <p>Recommended for: PHND from LHJ where PATCH has been used Estimated time to complete: varies</p> <p>To obtain/access: completed PATCH documents must be obtained locally.</p> <p>Information about the PATCH process is available online at: http://www.cdc.gov/nccdphp/patch/00binaries/01patch-guideonly.pdf</p> <p>For more information on the PATCH process, contact:</p>

Additional Items	Written Materials/References
	<p>Heidi Keller Washington State Department of Health P.O. Box 47833 Olympia, WA 98504-7833 (360) 236-3782 (360) 753-9100 (FAX) heidi.keller@doh.wa.gov</p>

3. Other Partners

The following questions will help you to assess your current proficiency and identify areas of focus for your orientation plan. Please check the appropriate response for each question in the boxes provided. The three column reflect the three levels of proficiency, and are labeled:

- PRO = Proficient
- KNOW = Knowledgeable
- AWARE

Self Assessment

OTHER PARTNERS	PRO	KNOW	AWARE	N/A
Have you worked with the State Department of Health in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked with the State Department of Social and Health Services in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the Washington State Association of Local Public Health Officials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you live in the community in which the local health jurisdiction is located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you acquainted with key leaders in this community? (e.g., County Commissioners, mayor, hospital administrator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you need further orientation to other partners to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list other areas needing further orientation, if any: _____

BASIC LEVEL

Basic Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB1 Lists of key local players</p> <p>Description: a list of community members, including positions, offices, organizations, and other groups, that are likely to be influential to local public health and its practice. These key community members will have a unique understanding of the local people and their health (including special groups) and may be able to provide knowledge, expertise, man power, political support, or even financial support to promote local public health activities (or influence others who could provide these resources). These key members could also mount opposition to public health activities and should be considered and consulted early in any planned activity. It is recommended that the new PHND become familiar/acquainted with these key members of the community early in their tenure to facilitate their work and interactions with the community.</p> <p>Recommended for: all PHND Estimated completion time: not applicable (reference)</p> <p>To obtain/access: Examples of positions, offices, and organizations that meet the above description are provided in "key_players.doc". The list needs to be edited for local relevance. Specific names, titles, and means to contact these people/organizations should be included.</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB2 Commonly used acronyms in public health</p> <p>Description: a list of commonly used abbreviations for selected government agencies, positions, and diseases. The list was developed by the Northwest Center for Public Health Practice, the UW School of Public Health and Community Medicine, and the Washington State Board of Health in 1996.</p> <p>Recommended for: all PHND Estimated completion time: not applicable (reference)</p> <p>To obtain/access: linkage through the website; "PH_acronyms.doc"</p>
Basic Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB1 PHND Buddy System</p> <p>Description: pairing of an experienced (i.e., seasoned) PHND working in Washington State with each new PHND. The purpose of the system is to provide intermittent, individualized, practical, and relevant guidance as needed to the new PHND in the performance of his/her PHND duties and responsibilities. (See Appendix for full details.)</p> <p>Recommended for: all new PHND Estimated time to complete: one year which can be extended if deemed desirable</p> <p>To obtain/access: arranged by the DOH Local Public Health Nurse Liaison: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health</p>

Basic Level	Activities
	<p>P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB2 PHND Forum</p> <p>Description: one to one-and-a-half day meetings of PHND in Washington State held 4-6 times each year. Issues addressed are of topical interest and related to events/challenges of the day. These meetings provide a forum for LHJ Nursing Directors to:</p> <ul style="list-style-type: none"> • Network • Share knowledge and learn from one another • Discuss emerging issues, and those of ongoing concern • Engage in joint planning and problem solving <p>Recommended for: all PHND Estimated time to complete: 1-1.5 days x 4-6 annually (does not include necessary travel time to venue)</p> <p>To obtain/access: linkage to calendar on website "2001 Local Public Health Meeting Schedule". Contact person: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB3 PHND Newcomers Group</p> <p>Description: periodic, guided discussions in which participants reflect on their problems, frustrations, and successes as PHND and generate solutions to and guidance on commonly occurring problems. (See PHND_Newcomers.doc for more details.)</p> <p>Recommended for: all new PHND Estimated time to complete: 1-1.5 hour meeting held in conjunction with PHND Forum meetings</p> <p>To obtain/access: Chair Public Health Nursing Directors Forum</p>

Basic Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB4 Meetings and ongoing communications with DOH Public Health Nursing Liaison</p> <p>Description: ongoing communications between the DOH Public Health Nursing Liaison and the new PHND that include:</p> <ol style="list-style-type: none"> 1) an initial telephone call to welcome the new PHND to public health practice in Washington State, 2) an in-person meeting at the new PHND's local health jurisdiction within six weeks of the PHND's arrival on the job, and 3) telephone follow-up with the new nursing director at least every 2-3 months. <p>The DOH Public Health Nursing Liaison will also be available by telephone during normal working hours for consultations as needed by the new PHND.</p> <p>Recommended for: all new PHND Estimated time to complete: varies</p> <p>To obtain/access: arranged by the DOH Local Public Health Nurse Liaison: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB5 Meeting/contact with the DOH Local Public Health Liaison</p> <p>Need to consult with Marie Flake about the feasibility of such a commitment and the likely objectives.</p>

SECONDARY LEVEL

Secondary Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS1 Information on key state and federal agencies</p> <p>Description: a list of Washington State and federal government agencies of relevance to public health practice. The listing provides a linkage to the agency homepage and staff telephone numbers enabling the PHND to search for information, resources, and contact people.</p> <p>Recommended for: all PHND Estimated completion time: not applicable (reference)</p> <p>To obtain/access: linkage to website through "People and Organizations"</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS2 Information on the Washington State Board Of Health</p> <p>Description: a ten-member board appointed by the Governor to develop policies to promote, protect, maintain, and improve the health of Washingtonians. The board consists of an elected county official who is a member of a local health board, an elected city official who is a member of a local health board, four people experienced in matters of health and sanitation, two people representing consumers of health care, a local health officer, and the Department of Health Secretary (or designee). The board solicits information about health concerns by holding monthly meetings, sponsoring public forums, and conducting citizen surveys. It also works with interested parties to develop and assess rules and regulations based on health-related legislation and Board policy. These rules usually govern operations at the state Department of Health and within local health jurisdictions but also certain practices among private health care providers, health facilities, schools, day care centers, and some businesses such as restaurants and hotels. The Board responds to citizen inquiries and requests for deviation from regulations or policies through waivers and exemptions, rule development, and rule revision.</p> <p>Recommended for: all PHND Estimated completion time: not applicable (reference)</p> <p>To obtain/access: information on the State Board of Health is available online at http://www.doh.wa.gov/SBOH/default.htm</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS3 Information on WSALPHO</p> <p>Description: information on the Washington State Association of Local Health Officials (WSALPHO), a non-profit organization that brings together the leadership of local health departments to advance the broad interests of public health. This website includes the vision and mission of WSALPHO, the bylaws, a list of the Board of Directors and contact information, a calendar, and a tracking system of House and Senate Bills pertinent to public health.</p> <p>Recommended for: all PHND Estimated completion time: not applicable (reference)</p> <p>To obtain/access: access online at http://www.wacounties.org/wsalpho</p>
	<p>WS4 Information on DOH Division of Community and Family Health (CFH) (i.e., program-specific descriptions)</p>

Secondary Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>Contact: Carol Oliver at 236-3734 or carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS5 List of national health observances</p> <p>Description: Listing of national health observances (i.e., days, weeks, and months devoted to promoting particular health concerns) by month and sponsoring agency information. Local health jurisdictions can use these special times to sponsor health promotion events, stimulate awareness of health risks, or focus on disease prevention. Materials available from sponsoring organizations range from a single flyer to packets of promotional materials.</p> <p>Recommended for: all PHND</p> <p>Estimated completion time: not applicable (reference)</p> <p>To obtain/access: access online at http://www.health.gov/nhic/pubs/nho.htm</p>

Secondary Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS1 Meetings/contact with key community members</p> <p>Description: meetings with key community members likely to influence local public health and its practice. Objectives of the meetings include:</p> <ol style="list-style-type: none"> 1) introduction of community member ("the contact"), other organization members, the PHND, and participating LHJ staff 2) discussion of the contact's (or his/her organization's) roles and responsibilities and how they may overlap with local public health practice and other peer organizations 3) observations (as viewed by the contact) about the community including composition, groups of special interest, and current issues 4) observations (as viewed by the contact) on key public health problems in the community 5) concerns of contact about public health practices or organization 6) identification of shared goals and visions with regards to the community and public health 7) identification of possible resources (and opportunities) available through the contact and his/her organization or the local health jurisdiction 8) discussion of means to interact in the future (e.g., how local health officer can be contacted, best contact person from the community)

Secondary Level	Activities
	<p>organization)</p> <p>Recommended for: all PHND Estimated completion time: varies</p> <p>To obtain/access: should be arranged locally (see Appendix 2 for ideas)</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS2 Meeting/contact with DOH Communicable Diseases Epidemiology Unit staff (e.g., John Kobayashi)</p> <p>Description: informal meeting with staff from the DOH Communicable Disease Epidemiology Section. Objectives include:</p> <ol style="list-style-type: none"> 1) introduction to Communicable Disease Epidemiology staff members 2) overview of infectious diseases of public health importance in Washington State including emerging infections (e.g., antibiotic resistant bacteria, <i>E. coli</i> O157:H7) 3) review of notifiable condition reporting requirements with sharing of case definitions 4) overview of the detection and investigation of communicable disease outbreaks 5) discussion of new PHND's clinical experience with infectious diseases and outbreak investigation 6) review of available resources (routine and emergent) including contact persons, training activities, assistance during outbreaks, and recommended references <p>Meeting should be arranged to coincide with other meetings in Seattle to make best use of limited time.</p> <p>Recommended for: all PHND with responsibilities in communicable diseases Estimated time to complete: 2 hours (not including travel time)</p> <p>To obtain/access: available from the DOH Local Public Health Nurse Liaison. Contact:</p> <p>Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS3 Meeting/contact with State Public Health Laboratory staff</p> <p>Description: informal meeting with staff from the State Public Health Laboratory. Objectives include:</p> <ol style="list-style-type: none"> 1) introduction to key Laboratory staff members 2) overview of laboratory testing available at State Public Health Laboratory 3) review of the proper collection, storage, and transport of microbial specimens (including who to contact at State Public Health Laboratory) 4) identification of foremost laboratory testing issues (e.g., tuberculosis testing) 5) review of available resources (routine and emergent) including contact persons and recommended references <p>Meeting should be arranged to coincide with other meetings in Seattle to make best use of limited time.</p>

Secondary Level	Activities
	<p>Recommended for: all PHND with responsibilities in communicable diseases Estimated time to complete: one hour (not including travel time)</p> <p>To obtain/access: available from the DOH Local Public Health Nurse Liaison. Contact: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS4 Meeting/contact with DOH Infectious Diseases and Reproductive Health (IDRH) staff</p> <p>Description: informal meeting with staff from the Office of Infectious Diseases and Reproductive Health (IDRH). Objectives include:</p> <ol style="list-style-type: none"> 1) introduction to IDRH staff 2) review of recent trends in HIV/AIDS, other sexually transmitted diseases, and tuberculosis in Washington State and the new PHND's local jurisdiction (if possible) 3) distribution of current standards in diagnosis, treatment, and control of these diseases 4) overview of key IDRH programs/activities 5) highlighting of new or changing programs/activities 6) identification of foremost political issues at state or local level with respect to HIV/AIDS, other sexually transmitted diseases, tuberculosis, or family planning 7) review of resources available through division/offices/ programs including contact people 8) provision of additional references <p>Meeting should be arranged to coincide with other meetings in Olympia to make best use of limited time.</p> <p>Recommended for: all PHND Estimated time to complete: 3 hours (not including travel time)</p> <p>To obtain/access: arranged by: Office of Infectious Diseases and Reproductive Health Division of Community and Family Health Washington State Department of Health PO Box 47844 Olympia, WA 98504-7844 (206) 236-3412 (360) 586-5440 (FAX)</p>

Secondary Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS5 Meeting/contact with DOH Health Services Quality Assurance (HSQA) Community and Rural Health Staff</p> <p>Description: informal meeting with staff from the Office of Community and Rural Health. Objectives include:</p> <ol style="list-style-type: none"> 1) introduction of Office of Community and Rural Health staff 2) review of health and public health problems unique to rural communities 3) identification of health resources available to rural communities 4) discussion of health data problems in rural communities (and possible solutions) 5) identification of contact people from office <p>This meeting should be arranged to coincide with other meetings in Olympia to make best use of limited time.</p> <p>Recommended for: all PHND Estimated time to complete: 1 hours (not including travel time)</p> <p>To obtain/access: available from the DOH Local Public Health Nurse Liaison. Contact: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS6 Orientation to DOH (meeting in Olympia arranged by the DOH Local Health Liaison)</p>

Secondary Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS7 Orientation to Division of Community and Family Health (CFH) (meeting in Olympia arranged by the DOH Local Public Health Nurse Liaison)</p>

ADDITIONAL ITEMS

Additional Items	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA1 Calls and meetings with counterparts in neighboring states/Canada</p> <p>Description: contact with counterparts in neighboring states/Canada to:</p> <ol style="list-style-type: none"> 1) introduce the new PHND (and her/his role) 2) better understand the overlap and interaction between populations and health care providers 3) identify common public health issues and problems 4) determine the best means for communication in the future <p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: must be arranged locally</p>

4. Budgeting and Contracting

The following questions will help you to assess your current proficiency and identify areas of focus for your orientation plan. Please check the appropriate response for each question in the boxes provided. The three column reflect the three levels of proficiency, and are labeled:

- PRO = Proficient
- KNOW = Knowledgeable
- AWARE

Self Assessment

BUDGETING AND CONTRACTING	PRO	KNOW	AWARE	N/A
Have you had experience in developing a budget for a program, division, or agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know the funding and revenue sources for your LHJ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know how to read and interpret the BARS report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have training in financial management or accounting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you responsible for overseeing the development and management of your agency's Consolidated Contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, do you have knowledge of all programs funded through the contract, including the various federal and state administrative, fiscal, and program requirements, contract deliverables, program reports, and timelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you responsible for overseeing any other contracts, and if so, are you familiar with these contracts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you need additional orientation and training in budgeting and contract management and monitoring to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list other areas needing further orientation, if any: _____

BASIC LEVEL

Basic Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB1 Basic budgeting terminology and definitions</p> <p>Description: an alphabetic listing of basic budgeting terminology and definitions. Includes terminology (and abbreviations) unique to Washington State as well as other more generally used terminology (e.g., direct and indirect costs).</p> <p>Recommended for: all PHND Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: available from the DOH Local Public Health Nurse Liaison. Contact: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB2 Agency fee schedule</p> <p>Description: listing of fees charged by public health agencies for various services and activities. The agency fee schedule is approved by local government and reflects the values of the community. The agency fee schedule should be reviewed by the public health agency on a routine basis (e.g., annually) and revised, if necessary.</p> <p>Recommended for: all PHND Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: must be obtained locally</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB3 BARS Manual</p> <p>Description: the uniform chart of accounts and procedures for Category I and II governmental entities. This chart is prescribed by the State Auditor's Office and is consistent with generally accepted accounting principles. It covers all governmental entities, not just public health.</p> <p>Recommended for: all PHND working with budgets Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: each local health jurisdiction should have at least one copy of the BARS manual (often held by the local finance person)</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes</p>	<p>WB4 BARS Supplemental Handbook for Public Health</p> <p>Description: the detailed chart of accounts and procedures for public health-related programs. The BARS Supplemental Handbook is intended to provide guidelines to ensure uniform reporting on revenues according to sources and expenditures by type of broad service categories for public health activities. The Handbook is the product of a collaborative efforts between the State</p>

Basic Level	Written Materials/References
<input type="checkbox"/> No Completed Date: Comments:	<p>The Handbook is the product of a collaborative efforts between the State Department of Health and the local health BARS Steering Committee.</p> <p>Recommended for: all PHND working with budgets Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: each local health jurisdiction should have at least one copy of the BARS supplemental manual (often held by the local finance person)</p> <p>Document is also online: http://www.doh.wa.gov/msd/OFS/1999/99manual.htm</p>
Selected for orientation plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Completed Date: Comments:	<p>WB5 Revenue Summary – Funding of Local Health Jurisdictions (BARS summary report)</p> <p>Description: the compilation of all 34 local health jurisdictions’ annual BARS A Reports. The BARS A Report is an expenditure/revenue report by activity category in a format proscribed in the <u>BARS Supplemental Handbook for Public Health</u>. This report includes funds that are contracted through the Consolidated Contract, other DOH contracts, and revenue sources outside the DOH which support public health in local health jurisdictions (e.g., local government, licenses and permits, fees, DSHS, federal government)</p> <p>Recommended for: all PHND working with budgets Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: each local health jurisdiction has several copies of the BARS Summary Report.</p> <p>Report is also on line: http://www.doh.wa.gov/msd/OFS/2000rs/Revsum.htm</p>
Selected for orientation plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Completed Date: Comments:	<p>WB6 Consolidated contracts orientation manual</p>
Selected for orientation plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Completed Date: Comments:	<p>WB7 Copy of current LHJ Consolidated Contract</p>

Basic Level	Written Materials/References										
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB8 Consolidated contract key dates</p> <p>Description: due dates for reports, applications, monthly billing, and amendments to the LHJs Consolidated Contract</p> <p>Recommended for: all PHND Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: included on PHND Calendar under “Activities” for each month. Contact: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>										
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB9 Contact information for Consolidated Contract staff</p> <p>Description: access to resource people at DOH on consolidated contracts</p> <p>Recommended for: all PHND Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: Washington State Department of Health. Contact: <table border="0"> <tr> <td>Brad Halstead</td><td>Deb Fouts</td></tr> <tr> <td>DOH/MSD/Contracts</td><td>Consolidated Contract Program Mgr</td></tr> <tr> <td>PO Box 47905</td><td>PO Box 47830</td></tr> <tr> <td>Olympia, WA 98504-7905</td><td>Olympia, WA 98504-7830</td></tr> <tr> <td>brad.halstead@doh.wa.gov</td><td>deb.fouts@doh.wa.gov</td></tr> </table> </p>	Brad Halstead	Deb Fouts	DOH/MSD/Contracts	Consolidated Contract Program Mgr	PO Box 47905	PO Box 47830	Olympia, WA 98504-7905	Olympia, WA 98504-7830	brad.halstead@doh.wa.gov	deb.fouts@doh.wa.gov
Brad Halstead	Deb Fouts										
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Olympia, WA 98504-7905	Olympia, WA 98504-7830										
brad.halstead@doh.wa.gov	deb.fouts@doh.wa.gov										
Basic Level	Activities										
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB1 PHND Buddy System</p> <p>Description: pairing of an experienced (i.e., seasoned) PHND working in Washington State with each new PHND. The purpose of the system is to provide intermittent, individualized, practical, and relevant guidance as needed to the new PHND in the performance of his/her PHND duties and responsibilities. (See PHND_Buddy_System.doc for full details.)</p> <p>Recommended for: all new PHND Estimated time to complete: one year which can be extended if deemed desirable</p> <p>To obtain/access: arranged by the DOH Local Public Health Nurse Liaison: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>										

Basic Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB2 Meetings and ongoing communications with DOH Public Health Nursing Liaison</p> <p>Description: ongoing communications between the DOH Public Health Nursing Liaison and the new PHND that include</p> <ol style="list-style-type: none"> 1) an initial telephone call to welcome the new PHND to public health practice in Washington State, 2) an in-person meeting at the new PHND's local health jurisdiction within six weeks of the PHND's arrival on the job, and 3) telephone follow-up with the new nursing director at least every 2-3 months. <p>The DOH Public Health Nursing Liaison will also be available by telephone during normal working hours for consultations as needed by the new PHND.</p> <p>Recommended for: all new PHND Estimated time to complete: varies</p> <p>To obtain/access: Contact: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB3 Meeting with LHJ administrator and fiscal manager</p>

SECONDARY LEVEL

Secondary Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS1 Matrix of DSHS funding streams</p> <p>Description: a brief description of the most common contracts that local health jurisdictions have with the Department of Social and Health Services (DSHS). Matrix includes the purpose of the contract, target population, services provided, reimbursement mechanism, associated DSHS offices/programs and contacts, and DOH link.</p> <p>Recommended for: all PHND Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: available from the DOH Local Public Health Nurse Liaison. Contact: Carol Oliver Local Public Health Nurse Liaison</p>

Secondary Level	Written Materials/References
	<p>Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments: :</p>	<p>WS2 Fee Tool Box</p> <p>Description: a tool to assist local health jurisdictions in setting fees for the wide variety of public health activities. It encourages consistent methods for defining services, determining actual delivery costs, and setting rates of cost recovery which best serve the interests of the community. The Fee Tool Box does not prescribe a schedule of fees but recognizes that fees need to be approved by local government and those reflect the values of the community. The manual is organized into three parts:</p> <ol style="list-style-type: none"> 1) a report of a 1995 survey of LHJs on their fee policies and practices 2) principles to guide fee decision making 3) a collection of "tools" to assist with the process of developing fee schedules <p>Recommended for: all PHND Estimated time to complete: not applicable (reference) To obtain/access: available from the DOH Local Public Health Nurse Liaison. Contact: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS3 Information on Interpreter Services</p> <p>Description: guidance on local health jurisdiction use of interpreter services including funding through the Medicaid Administrative Match. DSHS maintains a list of "certified" and "qualified" interpreters.</p> <p>Recommended for: all PHND Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: information on interpretive services is available through the Department of Social and Health Services. Contact: Gloria Pardo Department of Social and Health Services (360) 725-1719 PARDOMG@dshs.wa.gov</p> <p>DSHS website about interpreter services http://www.wa.gov/dshs/list/index.html</p> <p>Form that is used to schedule an appointment for an interpreter and record outcome: http://www.wa.gov/dshs/dshsforms/forms/17_123.pdf</p>

Secondary Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS1 Use of Fee Tool Box</p> <p>Description: use of the step-by-step description in the “Fee Tool Box” to develop or revise a fee schedule. The “tools” are examples that can help an LHJ arrive at an accurate cost of service provision for a specific activity or set of activities. With the “fee principles” included in the manual, the “tool box” can help guide decisions about whether a fee should support all or just a portion of the total cost of providing a service.</p> <p>Recommended for: all PHND Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: available from the DOH Local Public Health Nurse Liaison. Contact: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>

ADDITIONAL ITEMS

Additional Items	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA1 Formal coursework through local community college</p> <p>Description: many community colleges and local universities offer courses on accounting methods and reporting practices of non-profit entities such as state and local governments. (For example, St. Martin’s College offers ACC 358 “Governmental and Non-profit Accounting”, Washington State University offers ACCTG 434 “Accounting for Public Organizations”, and University of Washington offers ACCTG 480 “Accounting for Not-for-Profit Organizations”.) Most of these courses require introductory accounting courses as prerequisites, however.</p> <p>Recommended for: PHND involved in setting up a program or agency budget Estimated time to complete: varies depending on course</p> <p>To obtain/access: Consult course catalogues of nearby colleges and universities.</p>

Additional Items	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA2 Budgeting classes offered by the Association of Washington Cities (AWC)</p> <p>Description: a two-day training on budgeting held every August in SeaTac and Leavenworth by the Association of Washington Cities (AWC). The program typically includes sessions on strategic budgeting, the nuts and bolts of budgeting, fiscal accountability, GASB 34 implementation, Capital Facilities Planning, and a legislative update.</p> <p>Recommended for: PHND involved in setting up a program or agency budget</p> <p>Estimated time to complete: two-days (not including travel)</p> <p>To obtain/access: Association of Washington Cities Sheila Gall: sheilag@awcnet.org AWC website: http://www.mrsc.org/awcfiles/awc.htm</p>

5. Legal Authority of Public Health

The following questions will help you to assess your current proficiency and identify areas of focus for your orientation plan. Please check the appropriate response for each question in the boxes provided. The three column reflect the three levels of proficiency, and are labeled:

- PRO = Proficient
- KNOW = Knowledgeable
- AWARE

Self Assessment

LEGAL AUTHORITY OF PUBLIC HEALTH	PRO	KNOW	AWARE	N/A
Do you know how to access the full text of Washington State laws including the Revised Code of Washington (RCWs) and Washington Administrative Code (WACs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know who the county attorney is and the protocol for interacting with this him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you need additional orientation or training in legal authority of public health to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list other areas needing further orientation, if any: _____

BASIC LEVEL

Basic Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB1 Linkages to website to gain access to RCWs and WACs</p> <p>Description: text of Washington State laws including both RCWs and WACs.</p> <p>Revised Code of Washington (RCWs): A codification of current statutes as enacted and amended by the State Legislature. Washington Administrative Code (WACs): Rules adopted by state agencies to provide interpretive support for a statute. Rules carry the force of law and all people or entities to whom a rule applies must adhere to it.</p> <p>Recommended for: all new PHND Estimated time to complete: varies depending on nature of interest</p> <p>To obtain/access: can be accessed online through website or directly from these addresses: Revised Code of Washington (RCWs): http://www.leg.wa.gov/wsladm/rcw.htm Washington Administrative Code (WACs): http://slc.leg.wa.gov/wacbytitle.htm Glossary of legislative terms: http://www.leg.wa.gov/legis/glossary/glossary.htm#A</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB2 RCWs and WACs of public health importance</p> <p>Description: a list of RCWs and WACs that relate directly to key public health activities and programs.</p> <p>Recommended for: all new PHND Estimated time to complete: varies depending on nature of interest.</p> <p>To obtain/access: can be accessed online through website or directly from this address: http://healthlinks.washington.edu:443/inpho/lho/PH_laws.html</p>

SECONDARY LEVEL

Secondary Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS1 Find out who is the county attorney and legal authority and protocol for interacting with this person</p>

ADDITIONAL ITEMS

Additional Items	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA1 “The Legal Basis of Public Health” (PHTN self-instructional course, 1999)</p> <p>Description: a 10-module print-based course developed by the School of Public Health, University of Illinois at Chicago on the application of public health legal authority and regulation. Topics include: data collection and surveillance, service delivery, licensing, inspections, enforcement, policy development, negotiation, communication, and responsibility and liability. Each section includes a list of local persons likely to have expertise in the subject area covered, definitions of key terms, examples relating to principles discussed, and self-study exercises to assess understanding of materials. Course can be taken as an individual or as a group. Special exercises are included for the latter.</p> <p>Recommended for: PHNDs who would like more knowledge of the legal system and its impact on public health practice Estimated time to complete: 25-30 hours</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>

6. Supervision/Personnel

The following questions will help you to assess your current proficiency and identify areas of focus for your orientation plan. Please check the appropriate response for each question in the boxes provided. The three column reflect the three levels of proficiency, and are labeled:

- PRO = Proficient
- KNOW = Knowledgeable
- AWARE

Self Assessment

SUPERVISION/PERSONNEL	PRO	KNOW	AWARE	N/A
Have you had experience managing other leaders or supervising staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with federal legislation regarding treatment of employees such as the Americans with Disabilities Act or the Family and Medical Leave Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you hired or fired staff under local county government rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked with unions (as an employer)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you need additional orientation or training in supervision/personnel to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list other areas needing further orientation, if any: _____

BASIC LEVEL

Basic Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB1 Listing of staff with positions/titles</p> <p>Description: list of staff supervised by the PHND with position titles, associated projects/programs, work hours, and source of funding. [NOTE: Although details are not available in this orientation document, all supervisors are advised to explore and make note of the services they must provide to each of their employees (e.g., training on bloodborne pathogens, certifications in cardiopulmonary resuscitation (CPR) and First Aid, immunizations, tuberculosis skin testing, and fit testing for respirators.</p> <p>Recommended for: all PHND Estimated time to complete: <30 minutes</p> <p>To obtain/access: must be obtained locally</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB2 Organizational charts of local health jurisdiction</p> <p>Description: description of local health jurisdiction organizational structure including divisions, offices, and programs, supervisors/leads, and staffing.</p> <p>Recommended for: all PHND Estimated time to complete: <30 minutes</p> <p>To obtain/access: must be obtained locally</p>
Basic Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB1 PHND Buddy System</p> <p>Description: pairing of an experienced (i.e., seasoned) PHND working in Washington State with each new PHND. The purpose of the system is to provide intermittent, individualized, practical, and relevant guidance as needed to the new PHND in the performance of his/her PHND duties and responsibilities. (See PHND_Buddy_System for full details.) Recommended for: all new PHND</p> <p>Estimated time to complete: one year which can be extended if deemed desirable</p> <p>To obtain/access: arranged by the DOH Local Public Health Nurse Liaison: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>

Basic Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB2 Meeting with county Human Resources contact re: hiring guidelines, personnel evaluations, disciplinary actions, and union issues</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB3 Individual meetings with staff supervised by PHND</p> <p>Description: interviews with each staff member supervised by the PHND to understand their job responsibilities and assess their strengths, weaknesses, and expectations. These meetings can help PHND better understand local health jurisdiction capacity and what improvements can be made.</p> <p>Useful questions for these interviews include:</p> <ul style="list-style-type: none"> – What do you do? – What experience or training have you had to prepare you for your job? – What do you like/not like about your job? – What can PHND do to make your job more meaningful? – What are the 4-5 most important things in your life? <p>Recommended for: all new PHND Estimated time to complete: at least 30 minutes per staff member</p> <p>To obtain/access: should be arranged locally</p>

SECONDARY LEVEL

Secondary Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS1 Americans with Disabilities Act</p> <p>Description: signed into law on July 26 1990, the Americans with Disabilities Act is a wide-ranging legislation intended to make American Society more accessible to people with disabilities. This statute is of relevance to PHND in both the hiring of disabled persons and the provision of public services.</p> <p>Recommended for: all PHND Estimated time to complete: varies depending on nature of interest</p> <p>To obtain/access: online access through website The ADA Homepage: http://www.usdoj.gov/crt/ada/adahom1.htm</p> <p>A brief explanation of the statute: http://janweb.icdi.wvu.edu/Kinder/overview.htm</p> <p>Text of statute: http://www4.law.cornell.edu/uscode/42/ch126.html</p> <p>Online documents about ADA including commonly asked questions and guidance from a variety of organizations: http://janweb.icdi.wvu.edu/kinder/document.htm</p>

Secondary Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS2 Fair Labor Standards Act (FLSA) (1938 plus amendments)</p> <p>Description: a federal law which sets minimum wage, overtime pay, equal pay, recordkeeping and child labor standards for employers who are covered by the Act.</p> <p>Recommended for: all PHND</p> <p>Estimated time to complete: varies depending on nature of interest</p> <p>To obtain/access: online access at U.S. Office of Personnel Management website (includes final text of regulations, a summary of major provisions, and a sample medical certification form): http://www.opm.gov/flsa/index.htm</p> <p>Department of Labor website fact sheet: http://www.dol.gov/dol/esa/public/regs/compliance/whd/hrg.htm</p> <p>Municipal Research and Services Center website (including frequently asked questions) http://www.mrsc.org/legal/flsa/flsaweb.htm</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS3 Family and Medical Leave Act (FMLA) (1993)</p> <p>Description: signed into law in 1993, the Family and Medical Leave Act entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave in a 12-month period for specified family and medical reasons. The law contains provisions on employer coverage, employee eligibility for the law's benefits, entitlement to leave, maintenance of health benefits during leave, and job restoration after leave.</p> <p>Recommended for: all PHND</p> <p>Estimated time to complete: varies depending on nature of interest</p> <p>To obtain/access: online access at U.S. Office of Personnel Management website (includes final text of regulations, a summary of major provisions, and a sample medical certification form): www.opm.gov/hrss/html/fmla96.htm</p> <p>National Partnership Guide to the Family and Medical Leave Act: Questions and Answers: www.nationalpartnership.org/workandfamily/fmleave/questions_answers.htm</p> <p>Department of Labor website fact sheet: www.dol.gov/dol/esa/public/regs/compliance/whd/whdfs28.htm</p> <p>Municipal Research and Services Center website (including frequently asked questions) http://www.mrsc.org/personnel/fmla/fmlapage.htm</p>
Secondary Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS1 "Management Perspectives for Public Health Practitioners" (PHTN self-instructional course)</p> <p>Description: a self-paced, computer-based training course (developed by CDC in 1998) that introduces basic concepts and practical tips for leading, motivating and problem solving in the workplace. Through the use of case studies and other exercises, learners are provided opportunities to practice new skills and strategies for dealing with organizational problems. A supplementary packet of articles related to management is also included with the software.</p> <p>Recommended for: PHND who are interested in developing their leadership</p>

Secondary Level	Activities
	<p>skills</p> <p>Estimated completion time: 2.5 hours</p> <p>To obtain/access: available from the Washington State Department of Health. Contact:</p> <p style="padding-left: 40px;">Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p> <p>Also available through Public Health Training Network: http://www.cdc.gov/phtn/catalog/cb3051.htm</p>

ADDITIONAL ITEMS

Additional Items	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA1 <i>How to Manage in the Public Sector</i> (by Gordon Chase and Elizabeth C. Reveal)</p> <p>Description: a 150-page book written by Gordon Chase and Elizabeth C. Reveal that provides a common sense approach to managing in the public sector. The book addresses management in all publicly funded agencies, not only public health; nonetheless, its lessons are easily applicable to state and local health departments and making things happen in those settings.</p> <p style="padding-left: 40px;"><u>How to Manage in the Public Sector</u> Gordon Chase and Elizabeth C. Reveal McGraw-Hill College (1983) ISBN: 0-07-554853-4</p> <p>Recommended for: PHND struggling with some of the politics in the public sector</p> <p>Estimated completion time: 4-5 hours</p> <p>To obtain/access: available from the Washington State Department of Health. Contact:</p> <p style="padding-left: 40px;">Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>

7. Public Health Nursing

Self Assessment

PUBLIC HEALTH NURSING	PRO	KNOW	AWARE	N/A
Are you responsible for supervising any nursing staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you oversee the clinical activities of any nursing staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the laws relating to nursing care and regulation of the health professions in Washington State?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand how population-based practice differs from clinic practice and the public health nursing interventions used in public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the Nursing Care Quality Assurance Commission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need further orientation or training on public health nursing to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list other areas needing further orientation, if any: _____

BASIC LEVEL

Basic Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB1 Nursing Care (Chapter 18.79 RCW) aka Washington State Nursing Practice Act</p> <p>Description: comprehensive legislation that describes the Washington State Nursing Care Quality Assurance Commission, nurse licensing procedures, and activities allowed among advanced registered nurse practitioners, registered nurses, and licensed practical nurses. The Nursing Care Act does not provide checklists of allowable activities but rather general statements of appropriate professional nursing actions. The nurse must incorporate this guidance with his or her educational background, previous work experience, institutional policies, and technological advancements in making the decision about scope of practice issues.</p> <p>Recommended for: all PHND, particularly those supervising nursing staff Estimated time to complete: varies depending on nature of interest.</p> <p>To obtain/access: can be accessed online through website or directly from this address:</p> <p>http://search.leg.wa.gov/wslrcw/RCW%20%2018%20%20TITLE/RCW%20%2018%20.%2079%20%20CHAPTER/RCW%20%2018%20.%2079%20%20chapter.htm</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB2 The Law Relating to Nursing Care and Regulation of Health Professions – Uniform Disciplinary Act (Washington State Department of Health, January 2000)</p> <p>Description: a collection of some of the statutes and rules governing or impacting the practice of nursing. The collection includes:</p> <ul style="list-style-type: none"> • Chapter 18.79 RCW (Nursing Care) • Chapter 18.130 RCW (Regulation of Health Professions – Uniform Disciplinary Act) • Chapter 246-12 WAC (Administrative Procedures and Requirements for Credentialed Health Care Providers) • Chapter 246-15 WAC (Whistleblower Complaints in Health Care Settings) • Chapter 246-840 (Practical and Registered Nursing) <p>Recommended for: all PHND, particularly those supervising nursing staff Estimated time to complete: varies depending on nature of interest.</p> <p>To obtain/access: available from the DOH Local Public Health Nurse Liaison. Contact: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>

Basic Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB3 “The Nursing Commission Newsletter”</p> <p>Description: a newsletter published biannually by the Nursing Care Quality Assurance Commission. Articles include policy statements, legislative reports, explanations of specific legislation, advisory opinions on delegation of duties, complaint and licensee statistics, and editorials from different nursing disciplines and settings.</p> <p>Recommended for: all PHND Estimated time to complete: varies depending on nature of interest.</p> <p>To obtain/access: available through the Nursing Care Quality Assurance Commission website at http://www.doh.wa.gov/Nursing/newsletr.htm</p>
Basic Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB1 PHND Forum</p> <p>Description: one to one-and-a-half day meetings of PHND in Washington State held 4-6 times each year. Issues addressed are of topical interest and related to events/challenges of the day. These meetings provide a forum for LHJ Nursing Directors to:</p> <ul style="list-style-type: none"> • Network • Share knowledge and learn from one another • Discuss emerging issues, and those of ongoing concern • Engage in joint planning and problem solving <p>Recommended for: all PHND Estimated time to complete: 1-1.5 days x 4-6 annually (does not include necessary travel time to venue)</p> <p>To obtain/access: access online at http://www.wacounties.org/wsalpho/Meeting%20dates/PHND-Meeting-01.htm</p> <p>Contact person: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB2 Nursing Care Quality Assurance Commission</p> <p>Description: an eleven-member commission appointed by the Governor that consists of three registered nurse members, two advanced registered nurse practitioner members, three licensed practical nurse members, two public members, and one nonvoting midwife member. Its mission is to assure quality nursing care for the people of Washington State by defining the scope and standards of practice, determining necessary qualifications for competency assurance, and limiting the practice of those individuals found to practice below minimum safe competent levels. The commission also monitors and implements legislation and prepares a twice annual newsletter. Commission members also provide technical assistance opportunities to licensees and schools in their geographical area.</p>

Basic Level	Activities
	<p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: information on the Nursing Care Quality Assurance Commission can be accessed online at http://www.doh.wa.gov/Nursing/</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB3 Determining Your Scope of Practice and ANA decision tree</p> <p>Description: guidance and a decision tree from the Nursing Care Quality Assurance Commission to help determine if a licensed nurse is able to legally perform certain CLINICAL activities, skills, and procedures. The approach used by the Nursing Commission includes determination of level of licensure, context of the clinical situation, and degree of independence in performing the activity, skill, or procedure. The website was designed to empower individual nurses to determine their own scope of practice as opposed to requesting an official opinion from the commission.</p> <p>NOTE: This decision tree focuses on CLINICAL PRACTICE as opposed to public health practice.</p> <p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: access online at Nursing Care Quality Assurance Commission website: http://www.doh.wa.gov/Nursing/scopeofp.htm</p>

SECONDARY LEVEL

Secondary Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS1 Standards of Community Health Nursing Practice (American Nursing Association, January 1999)</p> <p>Description: a 20-page booklet on community nursing that includes guidance on data collection, diagnoses, planning, treatment, and evaluation.</p> <p>Recommended for: all PHND Estimated time to complete: <1 hour</p> <p>To obtain/access: available through the American Nurses Association website at http://nursingworld.org/anp/pdescr.cfm?cnum=15.#CH-2</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS2 Scope and Standards of Public Health Nursing Practice</p> <p>Description: a 24-page booklet, developed through the collaboration of several public health nursing organizations, that presents eight tenets of public health nursing and defines standards to advance the practice.</p> <p>Recommended for: all PHND Estimated time to complete: <1 hour</p> <p>To obtain/access: available through the American Nurses Association website at http://nursingworld.org/anp/pdescr.cfm?CNum=15.#9910PH</p>
	<p>WS3 Public Health Nursing: A Partner for Healthy Populations</p>

Secondary Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>(Association of State and Territorial Directors of Nursing and American Nurses Association March 2000)</p> <p>Description: a 36-page booklet for public health nurses, community health nursing educators, and public health leaders that defines the ten essential public health services and lists specific public health nursing activities related to each service. The booklet includes examples of how public health nurses have acted in partnership with social workers, health educators, environmentalists, epidemiologists, and others, to provide these essential services. It also discusses the competencies required by public health nurses as they shift to a stronger emphasis on population-based health.</p> <p>Recommended for: all PHND Estimated time to complete: 1-2 hours</p> <p>To obtain/access: available through the American Nurses Association website at http://nursingworld.org/anp/pdescr.cfm?CNum=2.#9912HP</p>
Secondary Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS1 The Role of the Public Health Nursing Leader in Relation to Population Health (satellite broadcast on January 29, 1999)</p> <p>Description: video from a live, interactive satellite broadcast on the potential role of public health nursing leaders to facilitate the transition from a clinic-based practice to a stronger population health practice. This video includes presentations by Bobbie Berkowitz and Kristine Gebbie.</p> <p>Recommended for: all PHND Estimated time to complete: 3 hours</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS2 Public Health Nursing Practice for the 21st Century: Competency Development in Population-Based Practice (satellite broadcast on October 5, November 2, and December 7, 2000)</p> <p>Description: a three-part satellite broadcast on public health nursing and population-based practice with Laurel Briske, Linda Olson Keller, and Sue Strohschein. The broadcasts were developed through the collaborative efforts of the Minnesota Department of Health, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, the Association of State and Territorial Directors of Nursing, and the Public Health Training Network.</p> <ul style="list-style-type: none"> • Part I introduces the concept of population-based practice, the public health nursing interventions used to implement it, and levels of practice. • Part II focuses on the values and principles underlying population-based practice and the processes (community assessment and program planning and evaluation) that guide it.

Secondary Level	Activities
	<ul style="list-style-type: none"> Part III offers an in-depth look at selecting, implementing, and evaluating public health nursing interventions at three practice levels - community, individuals and families, and systems. <p>Recommended for: all PHND Estimated time to complete: 9 hours</p> <p>To obtain/access: course materials (including detailed handouts and reference lists) are available at http://www.health.state.mn.us/divs/chs/phn/sat.html</p> <p>The video is available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>

ADDITIONAL ITEMS

Additional Items	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA1 <i>Preparing Currently Employed Public Health Nurses for Changes in the Health System</i> (Kristine Gebbie and I. Hwang, 2000)</p> <p>Description: an article published in the American Journal of Public Health on the skills and knowledge necessary for public health nurses in the current practice of public health. The findings are based on the synthesis of available information and experiences by two focus groups of public health nurses from a variety of settings. The article also suggests the course content for a continuing education curriculum that addresses the needed knowledge and skills.</p> <p>Gebbie KM and Hwang I. Preparing Currently Employed Public Health Nurses for Changes. <u>Am J Public Health</u> 2000;90:716-21.</p> <p>Recommended for: all PHND Estimated time to complete: 1 hour</p> <p>To obtain/access: available from the DOH Local Public Health Nurse Liaison. Contact: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
Additional Items	Activities
	<p>AA1 Develop relationships with Washington State Nurses Association (WSNA)</p>

Additional Items	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>Description: a constituent organization of the American Nursing Association representing registered nurses in Washington State. The WSNA works to improve the standards of nursing practice, nursing education, and nursing service.</p> <p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: information on WSNA can be accessed online at http://www.wsna.org</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA2 Develop relationships with American Nurses Association (ANA)</p> <p>Description: a professional organization representing registered nurses through 54 constituent state associations and 13 organizational affiliate members. ANA advances the nursing profession through information, representation, advocacy and protection.</p> <p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: information on ANA can be accessed online at http://www.nursingworld.org</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA3 Develop relationships with Service Education and Research in Community Health Nursing (SEARCHN)</p> <p>Description: an organization founded to address the challenges facing community health nursing. SEARCHN provides a forum for discussion and education in current trends in Community Health Nursing theory and practice, and promotes professional practice. SEARCHN membership represents public and private agencies, the academic community, county health departments, home health agencies, and several departments of state government.</p> <p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: for more information contact Andrea Kovalesky, RN, PhD SEARCHN Treasurer/Membership Coordinator c/o Nursing Program UW Bothell 22011 – 26th Avenue SE Bothell, WA 98021-4900 (425) 352-5367 andreako@u.washington.edu</p>

Additional Items	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA4 Develop relationships with Northwest Organization of Nurse Executives</p> <p>Description: one of 44 local groups affiliated with the American Organizations of Nurse Executives (AONE). Founded in 1967, AONE is a national organization of nearly 4,000 nurses who design, facilitate, and manage care. The organization provides leadership, professional development, advocacy, and research in order to advance nursing practice and patient care, promote nursing leadership excellence, and shape healthcare public policy.</p> <p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: information on AONE can be accessed online at http://www.aone.org/index.htm.</p> <p>For further information on the Northwest Organization of Nurse Executive Local Group contact: karenh@wsha.org</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA5 Develop relationships with American Public Health Association (APHA), Nursing Section</p> <p>Description: one of 25 special sections in the American Public Health Association (APHA) that enable members to share knowledge and experience with their peers. The Nursing Section advances this specialty through leadership in the development of public health nursing practice and research and assures consideration of nursing concerns through interdisciplinary nursing collaboration in public health policy and program endeavors</p> <p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: information on the APHA Nursing Section is available online at http://www.apha.org/sections/sectioninfo/phninfo.html</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA6 Develop relationships with Schools of Nursing</p> <p>Description: development of an ongoing relationship with faculty from Schools of Nursing in Washington State. Although often more clinically oriented, Schools of Nursing may:</p> <ol style="list-style-type: none"> 1) Provide access to valuable resources (e.g., content area experts, library services, scientific/medical journals). 2) Be a source of continuing education courses and seminars. 3) Have students that need placement for internships or <i>practicums</i>. 4) Help in identifying candidates for LHJ public health nursing positions. <p>Members of the American Association of Colleges of Nursing in Washington State include Gonzaga University, Pacific Lutheran University, Seattle University, Seattle Pacific University, University of Washington, and Washington State University College of Nursing.</p> <p>Recommended for: all PHND Estimated time to complete: varies</p> <p>To obtain/access: needs to be locally arranged</p>

8. Informatics

Self Assessment

INFORMATICS	PRO	KNOW	AWARE	N/A
Do you have experience using a personal computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used email?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever performed a search on the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in a list serve or email discussion group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with Washington State laws on information privacy and public disclosure, and with the Health Insurance Portability and Accountability Act (HIPAA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with key electronic systems available to document and track administrative and clinical public health activities, such as CIMS and VISTA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you need further orientation or training on the computer or information systems to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list other areas needing further orientation, if any: _____

BASIC LEVEL

Basic Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB1 Useful websites</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB2 Confidentiality and Security Manual for HIV Services (April 1999)</p> <p>Description: a manual to assist local health jurisdictions in developing policies and procedures on the security and confidentiality of HIV/AIDS records. The manual identifies relevant Washington State rules and regulations and the actions necessary to satisfy them. The manual also provides copies of associated RCWs and WACs, CDC guidelines on security and confidentiality, and sample policies, procedures, and forms that can be adapted by local health jurisdictions for their own use.</p> <p>[NOTE: Although developed to address information/records of patients with HIV/AIDS, this guidance is relevant to all patient information held by a local health jurisdiction.]</p> <p>Recommended for: all PHND Estimated completion time: 3-4 hours</p> <p>To obtain/access: each local health jurisdiction was sent a copy of this notebook. If it cannot be located, please contact: Nancy Hall Office of HIV/AIDS Prevention Washington State Department of Health PO Box 47845 Olympia, WA 98504-7845 (360) 236-3421 (360) 236-3400 (FAX) nancy.hall@doh.wa.gov</p>
Basic Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB1 Instructions on how to use email and participate in list serves and on-line conference</p>

Basic Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB2 Basic Skills for Navigating the Web</p> <p>Description: A tutorial developed by UW that provides basic terminology and ideas for using the internet. This website covers the terms world wide web, hypertext, browser, hierarchical tools, and search engines.</p> <p>Recommended for: PHND with limited experience on the internet Estimated completion time: <30 minutes</p> <p>To obtain/access: http://www.hslib.washington.edu/help/navigating/basic.html</p>

SECONDARY LEVEL

Secondary Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS1 <i>Public Health Informatics: Improving and Transforming Public Health in the Information Age</i> (Yasnoff, et al., 2000)</p> <p>Description: a basic overview of public health informatics including a definition, the key principles, and a discussion of three major challenges (i.e., standards, data exchange, and privacy, confidentiality and security). This article provides the context for informatics in public health practice but not any specifics on implementation.</p> <p>Yasnoff WA, O'Carroll PW, Koo D, Linkins RW, and Kilbourne EM. Public Health Informatics: Improving and Transforming Public Health in the Information Age. <i>J Public Health Management Practice</i>, 2000;6:67-75.</p> <p>Recommended for: PHND with limited knowledge of informatics Estimated completion time: <30 minutes</p> <p>To obtain/access: .pdf file or hard copy available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS2 <i>Privacy Statutes in Washington State</i> (Health Privacy Project, 1999)</p> <p>Description: a summary of state health privacy statutes developed by the Health Privacy Project. According to this report, Washington has a comprehensive statute, the Uniform Health Care Information Act [Wash. Rev. Code Ann. § 70.02.005 et seq.], governing the access to and disclosure of health care information maintained by health care providers. Washington also has numerous other laws protecting the confidentiality of health information in specific situations. Some of these apply to entities other than health care providers, such as insurers governmental agencies.</p> <p>[NOTE: the survey is not exhaustive. The summary speaks most directly to the use and disclosure of information gathered and shared in the course of</p>

Secondary Level	Written Materials/References
	<p>providing and paying for health care. Finally, the survey is specifically and exclusively a survey of statutes, not regulations or case law.]</p> <p>Recommended for: all PHND Estimated completion time: 1 hour</p> <p>To obtain/access: access online at http://www.healthprivacy.org/usr_doc/34122.pdf</p>

Secondary Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS1 Navigating the Web: Using Search Tools and Evaluating Resources</p> <p>Description: a website developed by Janet Schnall and Emily Hull of UW that lists resources for navigating on the internet. This website includes linkages to various search engines, ideas on when to use which search engine (including meta-search engines), and tips for evaluating websites.</p> <p>Recommended for: PHND with limited experience on the internet Estimated completion time: <30 minutes</p> <p>To obtain/access: http://www.hslib.washington.edu/help/navigating/#one</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AS2 Sources of Health Data</p> <p>Description: sources of health data from Washington State and the U.S. that can be used to characterize public health problems. Data from some of these sources are available online as tables or datasets that can be manipulated.</p> <p>Recommended for: all PHND Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: Further information on selected sources of health data is available online at the following websites:</p> <p>Washington State Vital Statistics Tables* http://www.doh.wa.gov/EHSPHL/CHS/default.htm</p> <p>Comprehensive Hospital Abstract Reporting System (CHARS)* http://www.doh.wa.gov/EHSPHL/hospdatamenu.htm</p> <p>Washington State Cancer Registry Data (WSCR)* http://198.187.0.44/wscr/default.htm</p> <p>DOH Communicable Disease Report* http://www.doh.wa.gov/EHSPHL/Com_Dis/1998/98tabcon.htm</p> <p>Pregnancy Risk Assessment Monitoring System (PRAMS) http://www.doh.wa.gov/cfh/prams/default.htm</p> <p>Youth Risk Assessment Database (YRAD)* http://198.187.0.44/NICE/YRAD/</p> <p>Behavioral risk Factor Surveillance System (BRFSS) http://www.cdc.gov/nccdphp/brfss/index.htm</p> <p>Youth Risk Behavior Surveillance System (YRBSS)</p>

Secondary Level	Activities
	http://www.cdc.gov/nccdphp/dash/yrbs/index.htm Vital Statistics for Public Health (VISTA –PH)* http://www.doh.wa.gov/OS/Vista/HOMEPAGE.HTM WONDER http://wonder.cdc.gov/ Other data sources by Subject http://depts.washington.edu/hsic/stats/datalist.html

ADDITIONAL ITEMS

Additional Items	Written Materials/References
Selected for orientation plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Completed Date: Comments:	<p>WA1 “Balancing Individual Privacy and Communal Uses of Health Information” (Gostin and Hodge)</p> <p>Description: a white paper, written by Larry Gostin and James Hodge of the Georgetown University Law Center, on privacy, confidentiality, and security in the development of a national health information infrastructure. The paper defines these concepts and then examines the historical and current legal status of health information privacy and security protections. The paper also discusses several areas where uses of health information produce important communal goods such as safeguarding the public’s health and illustrates how existing and proposed federal and state legislation may impinge valid uses of health information.</p> <p>Recommended for: PHND with a desire to explore privacy, confidentiality, and security in more depth Estimated completion time: 1 hour</p> <p>To obtain/access: online access at: http://www.critpath.org/msphpa/ncshdoc.htm </p>

9. Media and Public Relations

Self Assessment

MEDIA AND PUBLIC RELATIONS	PRO	KNOW	AWARE	N/A
Do you have experience presenting to large groups of people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ medical professionals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ the general public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ school students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ special interest groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been interviewed by the media? (e.g., newspaper, radio, television)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever given a lecture or taught a course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need additional training in communications and public relations to adequately perform your duties as public health nursing director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list other areas needing further orientation, if any: _____

BASIC LEVEL

Basic Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB1 Local policies and procedures for distribution of information</p> <p>Description: local policies and procedures for external communications with the public including sharing of data and contacts with the media</p> <p>Recommended for: all PHND Estimated completion time: <30 minutes</p> <p>To obtain/access: to be obtained locally</p>

SECONDARY LEVEL

Secondary Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB2 The Media & You: A Basic Survival Guide (by Norman Hartman, National Public Health Information coalition, 1993)</p> <p>Description: a 32-page booklet (funded by CDC and developed by the National Public Health Information Coalition in 1992) that provides tips for dealing with the media. Topics include: preparing for an interview, developing your message, and dealing with different forms of the media. The booklet also includes a section on "Tricks and Traps". This material will help the public health practitioner convey the information and story they wish to convey.</p> <p>Recommended for: PHND with no previous training in communications (NOTE: Review of this booklet is a good prelude to exploring other materials on communications.) Estimated completion time: 1 hour</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>

ADDITIONAL ITEMS

Additional Items	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA1 APHA Model Standards Project “Media Relations” (No Date)</p> <p>Description: a 20-page handbook, produced by staff from the American Public Health Association, that guides public health practitioners in the use of the media to advance public health practice. Advice focuses on development of relationships with the media and strategic planning as opposed to interview tips and, therefore, complements “The Media & You: A Basic Survival Guide” (by Norman Hartman, National Public Health Information Coalition).</p> <p>(NOTE: The handbook includes a detailed section on writing press releases including a sample press release.)</p> <p>APHA Model Standards Project: Media Relations American Public Health Association 1015 Fifteenth Street, N.W. Washington, D.C. 20005</p> <p>Recommended for: PHND with no previous training in communications Estimated completion time: 1 hour</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA2 Presentation Skills for Public Health Practitioners (1999 WSPHA Conference)</p> <p>Description: a 12-page handout on making presentations prepared by Michael Buschmohle for the 1999 WSPHA Conference. The handout covers a variety of topics including use of the spoken word, voice and body language, handling a hostile audience, and tips on visuals.</p> <p>Recommended for: PHND with limited experience in giving presentations Estimated completion time: 1 hour</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>

Additional Items	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA3 “Strategic Communications Toolbox” Bob Royer Communications, Inc., presentation to WSALPHO in June 1997</p> <p>Description: a handout from a workshop on communications provided to WSALPHO members by Bob Royer Communications, Inc. in 1997. The handout outlines the advantages and limitations of a variety of communication vehicles including face-to-face modalities, media advocacy pieces, print, electronic, and voice programs.</p> <p>Recommended for: all PHND Estimated completion time: 1 hour</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA4 “Shared Interests/Shared Conflicts Toolbox”</p> <p>Description: a handout on community mobilization based on regional workshops provided by DOH to public health professionals in 1997. The handout covers a variety of topics including community involvement, running effective meetings, managing conflict, leadership styles, making decisions, and working with diverse communities.</p> <p>Recommended for: all PHND Estimated completion time: 2 hours</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA5 Snohomish Health District Policies and Procedures on Media and Legislative Contacts</p> <p>Description: a collection of documents from the Snohomish Health District including the official policy on interviews with the media and legislative contact. The document includes a step-by-step process for responding to media requests including information that should be obtained before responding to a request, hints for dealing with reporters, and a “media encounter form”.</p> <p>Recommended for: PHND whose local health jurisdiction does not have written policies on distribution of information, dealing with the media, and/or legislative contact Estimated completion time: 1 hour</p>

Additional Items	Written Materials/References
	<p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA6 Seattle-King County Guidelines/Policy on distribution of information</p> <p>Description:</p> <p>Recommended for: PHND whose local health jurisdiction does not have a policy on distribution of information and/or dealing with the media Estimated completion time:</p> <p>To obtain/access: ?</p> <p>Jeanette sent email to James Apa. Jeanette will forward anything he providers.</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WA7 Thurston County Guidelines/Policy on distribution of information</p> <p>Description:</p> <p>Recommended for: PHND whose local health jurisdiction does not have a policy on distribution of information and/or dealing with the media Estimated completion time:</p> <p>To obtain/access: ?</p> <p>Patti Swanson has sent materials to Jeanette (2/26/01). Jeanette will review and forward to Carol.</p>

ADDITIONAL ITEMS

Additional Items	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA1 Vince Covello audiotapes (and handout) on high concern/low trust communication (1994)</p> <p>Description: a series of three audiotapes on high concern/low trust communications from a lecture by Vince Covello, environmental health professor at Columbia University (recorded during the 1994 Public Health Leadership Institute Course). The lecture, based on research and case studies, reviews key issues in communications with a focus on health risk communications and common pitfalls. Although not well organized, the lecture is captivating and includes observations on gender differences in communications, developing credibility, nonverbal signals, and responding to difficult questions/situations. [NOTE: A handout developed by the DOH Communications Office for a similar lecture presented in April 2000 will provide additional order to the materials and enhance one's understanding of the key messages.]</p>

Additional Items	Activities
	<p>Recommended for: PHND with some training in communications (NOTE: this lecture assumes some knowledge of basic communications skills.) Estimated completion time: 4 hours</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 Fax torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA2 Guide to Developing Message Maps for Risk Communications (handout)</p> <p>Description: a 2-page handout on message mapping (and accompanying PowerPoint template) developed by the DOH Communications Office based on a workshop given by Vince Covello in April 2000. Message mapping is a technique for developing and displaying the key messages and supporting points on an issue/topic. Because many people from the same organization can use a message map for a issue/topic, it ensures consistency and repetition of the key messages.</p> <p>Recommended for: PHND with some training in communications (NOTE: this lecture assumes some knowledge of basic communications skills.) Estimated completion time: 1 hour</p> <p>To obtain/access: available from the Washington State Department of Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AA2 Social Marketing: Practical Applications for Public Health (by Nancy Lee of Social Marketing Services, Inc.) (two videos plus handout)</p> <p>Description: videos from a 2-day workshop for local and state public health staff and their community partners on social marketing. Social marketing is an organized effort conducted by one group which intends to persuade others to accept, modify or abandon certain ideas, attitudes, practices and behavior." The workshop objectives were:</p> <ol style="list-style-type: none"> 1) Identify the distinct features of social marketing and its application to public health programs. 2) Introduce the seven steps of developing a social marketing project. 3) Leave with an outline for a social marketing approach to address an issue or problem in your community. 4) Provide a networking opportunity for state and local staff who are interested or involved in social marketing projects. <p>Recommended for: PHND with some training in communications Estimated completion time: 7 hour</p> <p>To obtain/access: available from the Washington State Department of</p>

Additional Items	Activities
	<p>Health. Contact: Torie Hernandez Washington Public Health Training Network 1102 SE Quince Street PO Box 47815 Olympia, WA 98504-7815 (360) 236-4081 (360) 236-4088 (FAX) torie.hernandez@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>

10. PHND Growth and Survival

Self Assessment

PHND GROWTH AND SURVIVAL	PRO	KNOW	AWARE	N/A
Have you had experience in the management of patients with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ sexually transmitted diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ HIV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ meningococcal meningitis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ vaccine preventable diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ potential rabies exposure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ diarrheal diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ lice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have access to up-to-date infectious disease control and treatment references? (e.g., <u>Control of Communicable Diseases Manual</u> , <u>The Red Book</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had experience with state or local Maternal Child Health Programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Maternity Support Services/Case Management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ School health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Childcare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Children with Special Health Care Needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Child Abuse Prevention and Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ PHN Intensive Home Visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Oral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ WIC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list other areas needing further orientation, if any: _____

BASIC LEVEL

Basic Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB1 Roster of PHND with photos</p> <p>Description: a listing of PHND alphabetically by local health jurisdiction. Includes telephone and FAX numbers and email address.</p> <p>Recommended for: all PHND Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: available from the DOH Local Public Health Nurse Liaison. Contact: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov or mailto:WAPHTN@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB2 Key contact list</p> <p>Description: selected groups and individuals “of importance” to PHND. The list includes a brief description of what the group/individual does and contact information.</p> <p>Recommended for: all new PHND Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: arranged by the DOH Local Public Health Nurse Liaison: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB3 PHND Topic Specific Consultants</p> <p>Description: a list of PHNDs who are willing to provide advice to other PHND on selected public health issues. The consultations will take place over the telephone during regular work hours (unless otherwise agreed to by the consultant).</p> <p>Recommended for: all new PHND Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: available on PHND on-line conference facility.</p>

Basic Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB4 Examples of job/position descriptions from other PHNDs</p> <p>Description: job/position descriptions from other PHNDs in Washington State to help the new PHND 1) better understand the roles and responsibilities of PHND, 2) negotiate their own job responsibilities and/or 3) write their own job description, if necessary. (NOTE: Job/position descriptions vary greatly from jurisdiction to jurisdiction. Many were developed when the PHND first entered the job and no longer reflect what the PHND is currently doing. (See "PHND_pd.doc" for a summary of roles and responsibilities among PHND based on an analysis of their job/position descriptions.)</p> <p>Recommended for: all new PHND Estimated time to complete: <30 minutes</p> <p>To obtain/access: arranged by the DOH Local Public Health Nurse Liaison: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB5 WSALPHO calendar</p> <p>Description: scheduled dates for WSALPHO meetings including those for the general membership, Board of Directors, Environmental Health Directors, Public Health Executive Leadership Forum, and PHND. Listing includes times and city in which meeting is to be held but not the specific venue.</p> <p>Recommended for: all PHND Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: access online at http://www.wacounties.org/wsalpho/Calendar.htm</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WB6 PHND Annual Calendar Cycle</p> <p>Description: a list of important public health events, activities, and meetings that occur each year organized by usual month of occurrence. The PHND Annual Calendar may not include specific dates and times for some events, activities, and meetings but will provide a "ballpark" estimate; therefore, other resources (e.g., the NWCPHP Calendar or WSALPHO calendar) may need to be consulted for specific details. Nonetheless, the calendar will help new PHND anticipate important dates and plan their activities and schedules accordingly.</p> <p>Recommended for: all new PHND Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: arranged by the DOH Local Public Health Nurse Liaison: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830</p>

Basic Level	Written Materials/References
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>(360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p> <hr/> <p>WB7 NWCPHP Calendar website</p> <p>Description: an on-line calendar of selected public health events (e.g., courses, meetings, satellite broadcasts) by month. The calendar includes the name of the event, date, time, and city. Some entries include additional details such as objectives, contact person(s), and venue. [NOTE: The calendar is managed by the Northwest Center for Public Health Practice; however, entries are submitted by individuals wishing to share information about an upcoming public health event. As a result, some events of interest to the user may not appear on the calendar.] The NWCPHP Calendar is a good supplement to the PHND Annual Calendar Cycle.</p> <p>Recommended for: all PHND Estimated time to complete: not applicable (reference)</p> <p>To obtain/access: on-line access to the website is at http://salk.hslib.washington.edu/scripts/cals/webevent.pl?cmd=openca&cal=cal3&</p>
Basic Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB1 Meeting and other communications with DOH Public Health Nursing Liaison</p> <p>Description: ongoing communications between the DOH Public Health Nursing Liaison and the new PHND that include:</p> <ol style="list-style-type: none"> 1) an initial telephone call to welcome the new PHND to public health practice in Washington State, 2) an in-person meeting at the new PHND's local health jurisdiction within six weeks of the PHND's arrival on the job, and 3) telephone follow-up with the new nursing director at least every 2-3 months. <p>The DOH Public Health Nursing Liaison will also be available by telephone during normal working hours for consultations as needed by the new PHND.</p> <p>Recommended for: all new PHND Estimated time to complete: varies</p> <p>To obtain/access: arranged by the DOH Local Public Health Nurse Liaison: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p>	<p>AB2 PHND Buddy System</p> <p>Description: pairing of an experienced (i.e., seasoned) PHND working in Washington State with each new PHND. The purpose of the system is to provide intermittent, individualized, practical, and relevant guidance as needed to the new PHND in the performance of his/her PHND duties and</p>

Basic Level	Activities
<input type="checkbox"/> Yes <input type="checkbox"/> No Completed Date: Comments:	<p>to the new PHND in the performance of his/her PHND duties and responsibilities. (See PHND_Buddy_System for full details.)</p> <p>Recommended for: all new PHND Estimated time to complete: one year which can be extended if deemed desirable</p> <p>To obtain/access: arranged by the DOH Local Public Health Nurse Liaison. Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
Selected for orientation plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Completed Date: Comments:	<p>AB3 PHND Forum Meetings</p> <p>Description: one to one-and-a-half day meetings of Washington State PHND held 4-6 times each year. Issues addressed are of topical interest and related to events/challenges of the day. These meetings provide a forum for LHJ Nursing Directors to:</p> <ul style="list-style-type: none"> • Network • Share knowledge and learn from one another • Discuss emerging issues, and those of ongoing concern • Engage in joint planning and problem solving <p>Recommended for: all PHND Estimated time to complete: 1-1.5 days x 4-6 annually (does not include necessary travel time to venue)</p> <p>To obtain/access: linkage to calendar on website "2001 Local Public Health Meeting Schedule". Contact person: Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
Selected for orientation plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Completed Date: Comments:	<p>AB4 PHND Newcomers Group</p> <p>Description: periodic, guided discussions in which participants reflect on their problems, frustrations, and successes as PHND and generate solutions to and guidance on commonly occurring problems. (See PHND_Newcomers.doc for more details.)</p> <p>Recommended for: all new PHND Estimated time to complete: 1-1.5 hour meeting held in conjunction with PHND Forum meetings</p> <p>To obtain/access: Chair Public Health Nursing Directors Forum</p>

Basic Level	Activities
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB5 Participate in the PHND list serve</p> <p>Description: a list serve that provides a forum for PHND to request and exchange information, ideas, and resources. Participants send email messages to the system about a topic or question on which they desire feedback. The message is forwarded to all list serve participants. Participants can respond by replying to the original email message or to a follow-up email message from another participant.</p> <p>[NOTE: Continuity in discussions is limited on a list serve. Email messages about a topic may or may not include the original email to which it is responding. In addition, responses may be delayed and arrive out of order compared with other responses. Therefore, the list serve is best used when participants want individual feedback from other PHND as opposed to a back-and-forth discussion of a topic. For the latter, the on-line conference is the best approach. (See below.)]</p> <p>Recommended for: all new PHND Estimated time to complete: ongoing</p> <p>To obtain/access: arranged by the DOH Local Public Health Nurse Liaison. Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830 Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB6 Participate in the PHND on-line conference</p> <p>Description: a special internet site for PHND that allows members to hold threaded discussions about public health topics or questions. The online conference can be used to:</p> <ul style="list-style-type: none"> • raise questions and seek advice from colleagues • discuss issues of mutual concern • solicit input <p>Similar to a list serve, members of the on-line conference submit topics or questions on which they desire discussion. Other members can respond to the original submission or to a comment already made by another discussion participant. Unlike a list serve, the system logs each response with a date/time and the author's name and adds it to a growing list of responses for that item. All responses to a particular item (i.e., original submission and collection of comments received to date) are accessible to the viewer, organized according to date/time of submission. This presentation allows viewers to follow the train of thought behind each response and make better sense of the "discussion".</p> <p>Recommended for: all PHND Estimated time to complete: ongoing</p> <p>To obtain/access: arranged by the DOH Local Public Health Nurse Liaison. Carol Oliver Local Public Health Nurse Liaison Division of Community and Family Health Washington State Department of Health P.O. Box 47830</p>

Basic Level	Activities
	<p>Olympia, WA 98504-7830 (360) 236-3734 (360) 664-4500 (FAX) carol.oliver@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB7 Participate in WSALPHO list serve</p> <p>Description: a list serve for the leadership of local health jurisdictions (e.g., Administrators, Local Health Officers, Environmental Health Directors, and Nursing Directors), the director of the Washington State Association of Local Public Health Officials, leadership of the Washington State Department of Health, the director of the State Board of Health, and faculty from the University of Washington's School of Public Health and Community Medicine. The purpose of the list serve is to facilitate communication among these partners about public health in Washington State. Participants submit questions or comments to the list serve to receive feedback or engender philosophical discussions. The list serve is largely unmonitored and relies heavily on participants to maintain the quality and relevance of the dialogues.</p> <p>Recommended for: all PHND Estimated time to complete: varies depending on input to the list serve</p> <p>To obtain/access: Potential subscribers must be approved before being added to the list serve. Contact person: Vicki Kirkpatrick, Administrator WSALPHO (360) 753-1886 email: vkirkpatrick@wacounties.org; vkirkpatri@aol.com</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB8 Participate in the COM-DIS list serve</p> <p>Description: a list serve for local and state public health practitioners on communicable diseases. The list serve distributes communicable disease announcements and allows discussion of issues related to communicable disease.</p> <p>Recommended for: PHND with communicable diseases responsibilities Estimated time to complete: varies depending on input to the list serve</p> <p>To obtain/access: Potential subscribers must be approved before being added to the list serve. Contact person: John Kobayashi Communicable Diseases Epidemiology Section Washington State Department of Health (206) 361-2831 (206) 361-2930 (FAX) john.kobayashi@doh.wa.gov</p> <p><i>Need description.</i></p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB9 Participate in the Assessment Coordinators list serve</p> <p>Description: an open list serve for local and state public health practitioners on assessment and epidemiology.</p> <p>Recommended for: PHND with assessment responsibilities Estimated time to complete: varies depending on input to the list serve</p> <p>To obtain/access: Contact person: Christie Spice DOH Local Assessment Coordinator Center for Health Statistics</p>

Basic Level	Activities
	<p>Washington State Department of Health PO Box 47814 Olympia, WA 98504-7814 (360) 236-4345 (360) 236-4088 (FAX) christie.spice@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB10 Participate in the LHJ Fiscal list serve</p> <p>Description: a list serve of the Local Health Jurisdiction Financial Discussion Group to discuss financial issues of importance to local health jurisdictions. Recommended for: PHND with fiscal responsibilities Estimated time to complete: varies depending on input to the list serve</p> <p>To obtain/access: Contact person: Lois Speelman Financial Services Washington State Department of Health PO Box 47901 Olympia, WA 98504-7901 (360) 236-4503 (360) (360) 236-4500 (FAX) lois.speelman@doh.wa.gov</p>
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>AB11 Development of job/position description</p>

SECONDARY LEVEL

Secondary Level	Written Materials/Resources
<p>Selected for orientation plan:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed Date:</p> <p>Comments:</p>	<p>WS1 Information from the Municipal Research & Services Center (MRSC)</p> <p>Description: a non-profit, independent organization created in 1969 that provides programs and services to Washington's 279 cities and 39 counties. MRSC's resources include a staff of local government experts, a comprehensive local government reference library, publications, and a website. MRSC staff will respond to inquiries on many facets of local government including budgeting and finance, municipal law, public management and administration, planning and growth management, public works and utilities, and local government policies. The library includes ordinances, city and county codes, budgets and financial reports, comprehensive plans and documents illustrating virtually every function and operation of local government. The website includes access to the Revised Code of Washington, Washington Administrative Code, municipal and county codes, ordinances, and information on a variety of issues of relevance to local government.</p> <p>Recommended for: all PHND Estimated time to complete: varies depending on nature of interest</p>

Secondary Level	Written Materials/Resources
	<p>To obtain/access: Local officials may access information online at http://www.mrsc.org/ or request assistance from MRSC at by phone, letter, fax, or e-mail.</p> <p>Municipal Research Services Center 1-800-933-6772 (206) 625-1220 (FAX) mrsc@mrsc.org</p>

Section 8. Evaluation Of Process

The orientation process will be evaluated for each new PHND completing it. The evaluation will include an interview with the new PHND and the buddy by the DOH Learning Resource Coordinator and PHN Nurse Liaison shortly after completion of the orientation process.

At least once each year, the PHND Forum will discuss the orientation process. The group will be asked to review results from ongoing or completed orientations and consider new needs in public health nursing leadership training. Nursing directors currently participating in the orientation process (or those who have completed it since the last discussion) will be asked to highlight their experiences including any problems encountered. The objectives of the discussion will be to identify ways to make the orientation process more practical and relevant to the needs of a new PHND and more feasible to undertake.

Appendices

Appendix One

Analysis of Position Description for Public Health Nursing Directors in Washington State

July 2000

Methods:

Current position descriptions (PDs) for public health nursing directors (PHND) were submitted in hard copy or electronic version to DOH by local health jurisdictions. Except for five PDs submitted at a later date, all descriptions were read *en masse*. Commonly occurring roles and responsibilities were noted and key words describing those roles and responsibilities were selected. Each PD was read a second time for data abstraction; appearance of key words and other information was recorded. If a jurisdiction submitted more than one PD, each was analyzed as a separate entity. Roles and responsibilities were categorized according to the core functions of public health (Washington State version) for data presentation.

Response Rate:

- 27 health jurisdictions responded
- 6 reported no PD in existence (Adams, Asotin, Garfield, Lincoln, Wahkiakum, and Walla Walla)
- 21 provided a PD from 25 individuals

Median time since PDs had been developed: 4.0 years (range: < 1 month to 20 years)

Roles And Responsibilities:

Health Assessment

- 7 (28%) **analyze** demographic or health information
- 2 (8%) are involved in **community health assessment**
- 9 (36%) undertake **needs assessments** for the community or a particular subset of the population

Policy Development

- 16 (64%) **develop policy** (11 create/5 assist others)
- 2 (8%) **review legislation** to determine impact on local health jurisdiction and programs

Administration

- 23 (92%) **administer**, direct, plan, or set priorities and goals for a selected program, division, or the health jurisdiction
- 24 (96%) **supervise** nursing and other staff
- 21 (84%) develop **budgets** for a selected program, division, or the health jurisdiction (15 prepare/6 assist others)
- 15 (60%) **write proposals** for grants and other funding
- 11 (44%) **oversee contracts**
- 5 (20%) are responsible for the **consolidated contract**

Access and Quality

- 15 (60%) are responsible for **program evaluation**
- 11 (44%) are responsible for **quality assurance** for selected programs or the jurisdiction
- 11 (44%) had some level of responsibility for overseeing nursing and other agency **standards**
- 8 (32%) had **clinical responsibilities** (which include taking chest x-rays, performing pregnancy tests, examining patients and taking medical histories, counseling, supervising clinics and filling in for staff when necessary)

Overarching activities

- 18 (72%) **communicate** with the public on a routine basis
- 19 (76%) **represent the health jurisdiction** among other public health and medical agencies

Specific topics mentioned in PD:

- 8 (32 %) communicable diseases
- 6 (24%) immunizations
- 5 (20%) tuberculosis
- 4 (16%) STDs
- 5 (20%) family planning
- 8 (32%) MCH

Minimum Qualifications For Position:

- 24 (96%) require a Bachelor's degree
- 22 (88%) require a Washington State license (or ability to get a Washington State license) to practice as a Registered Nurse or Registered Professional Nurse
- 16 positions require a minimum length of experience in public health (median: 5.0 years)
- 16 positions require a minimum length of experience as a manager or supervisor (median: 3.0 years)

- 10 (40%) positions require a Master's degree (primarily in nursing, public health, or public administration)

Comments:

1. Not all jurisdictions had a PHND position description. Those jurisdictions that did not have one tended to be smaller in terms of number of staff and budget. One might expect that the nursing directors from these jurisdictions may have roles and responsibilities that differ from those from larger jurisdictions.
2. The analysis of the position descriptions was not rigorous. Key words were used to identify specific responsibilities. Appearance of those words in any format was presumed to mean that the incumbent had the responsibility. Different descriptions of the same responsibility may have been overlooked.
3. It is not known how accurately the position descriptions reflect the PHND's true roles and responsibilities. The analysis was based only on what appeared in the PD. The median time since the PDs had been developed (i.e., for the 18 that had dates on them) was 4.0 years (three were ≥ 10 years old); roles and responsibilities may have changed over time. In addition, "other duties as assigned" appeared on most of the position descriptions suggesting that the PHND would be expected to do other things not appearing on the PD.
4. Performing a specific responsibility at one health department may not be equivalent to the same stated activity in another. Supervisory oversight, resources, and approach could differ dramatically between health departments.

Specific Position Titles:

- Nursing Director or Director of Nursing (4)
- Lead Nurse
- Nursing Supervisor
- PH Nurse III Supervisor
- Personal Health Services Manager or Director (3)
- Director Community Health Services or Community Health Director (3)
- Director Family and Community Health Division
- Manager of Community Health and Wellness
- Director Division of Community and Family Services
- Assistant Director
- Associate Administrator (2)
- Clinic Unit Supervisor
- Communicable Disease Supervisor
- Assessment and Epi Director
- MCH Unit Supervisor
- Public Health Nurse
- Program Coordinator

Appendix Two

New Public Health Nursing Director Biography

This form and the self-assessment questions at the beginning of each section of the "Orientation Menu" should be completed before meeting with the DOH Public Health Nurse Liaison to discuss orientation activities. The information will be used to update the Washington State Public Health Nursing Director Roster and guide the public health orientation of the new nursing director.

Any questions about this form or the menu should be directed to:

Carol Oliver
Local Public Health Nurse Liaison
Division of Community and Family Health
Washington State Department of Health
P.O. Box 47830
Olympia, WA 98504-7830
(360) 236-3734 (360) 664-4500 (FAX)
carol.oliver@doh.wa.gov

Appendix Two
New Public Health Nursing Director Biography

Name: _____

CONTACT INFORMATION

Mailing address: _____

Telephone number: _____ FAX number: _____

Beeper number: _____ Email address: _____

Cellular phone number: _____

Beginning date as Public Health Nursing Director: _____

EDUCATION

Associate degree: Yes ☐ No ☐ If yes, specify major: _____

Bachelor's degree: Yes ☐ No ☐ If yes, specify major: _____

Master's degree: Yes ☐ No ☐ If yes, specify major: _____

Doctoral degree: Yes ☐ No ☐ If yes, specify major: _____

MPH: Yes ☐ No ☐ If yes, specify specialty: _____

EXPERIENCES

Clinical experience: _____

Public health experience: _____

Appendix 3

The Public Health System in Washington State: An Overview

The Washington State Public Health System

Establishing the Department of Health

Originally, the framers of the Washington State Constitution provided for a state board of health in the constitution. Article XX provides that *“there shall be established by law a state board of health and a bureau of vital statistics in connection therewith, with such powers as the legislature may direct.”* The board began operations in 1891. The Department of Health was formed in 1921. The department became a division of the Department of Social and Health Services (DSHS) in 1970.

General dissatisfaction with public health policy and lack of financial assistance from the Health Services Division of DSHS led to discussions of recreating a State Department of Health in the mid-1980s. Efforts to reestablish a State Department of Health began in earnest in 1987. Governor Booth Gardner in the waning moments of the 1989 legislative session became an advocate for a new department. The House Health Care Committee (with Dennis Braddock as Chair) drafted legislation strengthening the authority of the State Board of Health and creating a State Department of Health in 1989 through RCW 43.70.020.

The mission of the Department of Health is to protect and improve the health of the people in Washington State. The Department has the primary responsibility for preserving public health, monitoring health care costs, maintaining minimal standards for quality health care delivery, and generally overseeing and planning for all the state’s activities as they relate to the health of its citizenry.

The Role of Public Health

State and local health agencies protect and promote health, and prevent disease and injury. Public health services are population based, focusing on improving the health status of the population, rather than treating individuals. This responsibility is shared by the State Department of Health and the 34 local health jurisdictions which serve Washington’s 39 counties. The role of government in public health protection was well articulated by the 1988 Institute of Medicine (IOM) report that cited three primary responsibilities. Called the three core functions, they are:

- **Assessment:** To identify trends in illness and death and the factors which may cause these events, as well as available health resources and their application, unmet needs, and citizens’ perceptions about their health.
- **Policy Development:** The information taken from the assessment data is used to develop state and local health policies. Policies are incorporated into community priorities and plans, public agency budgets, and local ordinances and statutes.

- **Assurance:** This function translates the policies into services and monitoring of the quality of all health services provided in both the private and the public sectors.

1990's Health Care Reform

In the 1980's annual double-digit health care cost increases were affecting businesses and government employers. In 1988, the Washington Health Care Commission was established to assess the problem and recommend solutions to address the crisis. The close of the 1992 legislative session and completion of the Washington Health Care Commission Report set the stage for Health Care Reform during the 1993 legislative session. Key staff from the Senate and House committees responsible for health care issues met with the Washington State Association of Local Public Health Officials (WSALPHO) advising them that Health Care Reform would be the consuming legislative effort in 1993.

WSALPHO recognized that the new emphasis on Health Care Reform was an opportunity to secure appropriate levels of state funding of local public health. WSALPHO assembled a work group to determine the state's contribution to assure adequate public health protection in Washington State. The Health Services Act of 1993 included public health as a part of health care services essential to the public. The down payment for funding the state's portion of public health was tied to services to be outlined in the Public Health Improvement Plan, which was scheduled to be delivered to the legislature by December 1994.

Public Health Improvement Plan/Partnership (PHIP)

Since 1994, Washington's public health system has collaborated in the development of the Public Health Improvement Plan (PHIP). The PHIP is updated biennially; the latest edition was published in December 2000. The plan is designed to evaluate and make recommendations for improvement in the delivery of public health services in Washington. The plan is developed in partnership with Department of Health, the state's 34 local health jurisdictions, the University of Washington School of Public Health, and the State Board of Health. Future reports will be called the Public Health Improvement Partnership. There are seven components of the 2000 plan, including:

- Key Health Indicators,
- Standards for Public Health in Washington State,
- Information Technology Planning,
- Workforce Development,
- Financing Public Health,
- Access to Critical Services, and
- Communications

One of these components, the Public Health Performance Standards, forms a performance measurement system for five major areas of public health practice. These five areas include Assessment, Protecting People from Communicable Diseases, Environmental Health, Health Education and Promotion, and Helping People Get Needed Services. The standards describe the policies, procedures, and activities that must be in place at the state and local level to evaluate and protect public health in Washington. For each standard, a set of measures is provided for local and state agencies. The standards and measures crosswalk to the ten essential public health services and the three core functions of public health.

Federal Agencies

Numerous federal agencies influence or contribute regulations, funding, consultation and technical assistance, and/or assessment information to local health jurisdictions. Some of these agencies and groups are described below. Many others are referenced in the Orientation Toolkit under the Public Health System knowledge area, with descriptions of their function, websites and contact information.

Center for Disease Control (CDC) – <http://www.cdc.gov/aboutcdc>

The Centers for Disease Control and Prevention (CDC) is located in Atlanta, Georgia, is an agency of the Department of Health and Human Services. The CDC is recognized as the lead federal agency for protecting the health and safety of people - at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships. The mission of CDC is to promote health and quality of life by preventing and controlling disease, injury, and disability. CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

CDC has developed and sustained many vital partnerships with public and private entities that improve service to the American people. In FY 2000, the workforce of CDC comprised approximately 8,500 FTE in 170 disciplines with a public health focus. Although CDC's national headquarters is in Atlanta, Georgia, more than 2,000 CDC employees work at other locations, including 47 state health departments. Approximately 120 are assigned overseas in 45 countries. CDC includes 12 Centers, Institutes, and Offices.

- [National Center on Birth Defects and Developmental Disabilities](#)
- [National Center for Chronic Disease Prevention and Health Promotion](#)
- [National Center for Environmental Health](#)
 [Office of Genetics and Disease Prevention](#)
- [National Center for Health Statistics](#)
- [National Center for HIV, STD, and TB Prevention](#)
- [National Center for Infectious Diseases](#)
- [National Center for Injury Prevention and Control](#)
- [National Immunization Program](#)
- [National Institute for Occupational Safety and Health](#)

- [Epidemiology Program Office](#)
- [Public Health Practice Program Office](#)

Agency for Toxic Substances and Disease Registry (ATSDR) –

CDC performs many of the administrative functions for the Agency for Toxic Substances and Disease Registry (ATSDR), a sister agency of CDC, and one of eight federal public health agencies within the Department of Health and Human Services. The Director of CDC also serves as the Administrator of ATSDR.

Environmental Protection Agency (EPA) – <http://www.epa.gov/>

The mission of the U.S. Environmental Protection Agency is to protect human health and to safeguard the natural environment--air, water, and land--upon which life depends. EPA's purpose is to ensure that:

- All Americans are protected from significant risks to human health and the environment where they live, learn, and work.
- National efforts to reduce environmental risk are based on the best available scientific information.
- Federal laws protecting human health and the environment are enforced fairly and effectively.
- Environmental protection is an integral consideration in U.S. policies concerning natural resources, human health, economic growth, energy, transportation, agriculture, industry, and international trade, and these factors are similarly considered in establishing environmental policy.
- All parts of society--communities, individuals, business, state and local governments, tribal governments--have access to accurate information sufficient to effectively participate in managing human health and environmental risks.
- Environmental protection contributes to making our communities and ecosystems diverse, sustainable and economically productive.
- The United States plays a leadership role in working with other nations to protect the global environment.

Human Resources and Services Administration (Federal-HRSA) – <http://www.hrsa.gov/>

The mission of HRSA is to improve the nation's health by assuring equal access to comprehensive, culturally competent, quality health care for all. Their goal is 100 percent access to health care and 0 percent access to health disparities for all Americans. The administration's vision is to assure the availability of quality health care to low income, uninsured, isolated, vulnerable and special needs populations and meets their unique health care needs. Five strategies are focused on achieving HRSA's goal, to eliminate barriers to care, eliminate health disparities, assure quality of care, and to improve public health and health care systems.

State Agencies, Departments and Divisions

Similar to federal level administrations and agencies, many state agencies influence or contribute regulations, funding, consultation and technical assistance, and/or assessment information to local health jurisdictions. Other groups and entities are important in the support and statewide coordination of public health efforts and activities. Some of these agencies and groups are described below. Many others are referenced in the Orientation Toolkit under the Public Health System knowledge area, with descriptions of their function, websites and contact information.

Department of Ecology (DOE) – <http://www.ecy.gov/>

The Mission of the Department of Ecology is to protect, preserve and enhance Washington's environment, and promote the wise management of our air, land and water for the benefit of current and future generations. This state agency provides funding for enforcement and technical support for solid and hazardous waste, biosolids and water well construction, water rights, air quality and community sewage disposal. The state DOE has 11 programs providing protection in air quality, water quality and resources, nuclear waste, environmental assessment, reduction of hazardous waste and toxics cleanup, shorelands and environmental assistance, solid waste and financial assistance, and spill prevention, preparedness and response.

Department of Social and Health Services (DSHS) – <http://www.dshs.wa.gov/>

In the late 1960s, the legislature created DSHS by combining the prior departments of health, corrections, and social services under one large state agency. There are seven administrations within DSHS: Aging and Adult Services Administration (AASA), the Children's Administration (CA), Economic Services Administration (ESA), Health and Rehabilitative Services Administration (HRSA), Juvenile Rehabilitation Administration (JRA), Management Services Administration (MSA), and Medical Assistance Administration (MAA). Many of the divisions within DSHS work closely with local health jurisdictions, often through regional offices. For some of the programs provided by these divisions there are county components with a local presence.

Health and Rehabilitative Services Administration (HRSA) – HRSA includes six separate programs: the Division of Alcohol and Substance Abuse, the Division of Developmental Disabilities, the Office of Deaf and Hard of Hearing Services, the Mental Health Division, the Division of Vocational Rehabilitation, and the Special Commitment Center. Two of these programs are described below.

Division of Alcohol and Substance Abuse (DASA) – <http://www.dshs.wa.gov/indetail/4hrsadir.htm#dasa>

The Division of Alcohol and Substance Abuse, a division of HRSA in DSHS, works in partnership with county governments, Tribes, and nonprofit agencies

to provide a broad range of alcohol and drug abuse prevention, treatment and support services. People are eligible for DASA-funded treatment services if they are low income or indigent (at or below 200 percent of the federal poverty level) and are assessed as alcoholic or addicted to other drugs. There is a waiting list for many of these services. Priority for treatment and intervention services is given to pregnant and postpartum women and families with children, families on welfare, Child Protective Service referrals, youth, injection drug users, and people with HIV/AIDS. In Fiscal Year 1998, 25,402 people received publicly-funded treatment (excluding detoxification). Twenty percent were children and youth age 18 and under, two percent were pregnant women, one percent was postpartum women, 27 percent were injection drug users, 43 percent were criminal justice referrals, and 11 percent were people on welfare.

Mental Health Division of HRSA - The Mental Health Division of DSHS cares for people who are acutely mentally ill, chronically mentally ill, or seriously disturbed. The division also administers programs for people adjudicated as criminally insane or incompetent to stand trial. Over 106,000 people received outpatient services during Fiscal Year 1999. Community hospitals provided psychiatric inpatient services to 7,190 people during the 1999 calendar year. Of the total mental health budget, 58 percent is for community-based outpatient care; another 11 percent is for contracted community inpatient care. The balance of the budget funds the state hospitals. The Mental Health Division operates three fully-accredited psychiatric hospitals: [Eastern State Hospital](#), [Western State Hospital](#), and the [Child Study and Treatment Center](#). The Mental Health Division also directly contracts with county governments through Regional Support Networks (called RSNs) for community mental health service delivery. Community-based inpatient psychiatric services are provided through contracts with local hospitals.

Medical Assistance Administration (MAA) –

<http://www.wa.gov/hca/basichealth.htm>

The Medical Assistance Administration helps low-income people get the health care they need. Ninety-six percent of the people this Administration helps get their care through Medicaid. The federal government shares the cost of this program with the state, and the federal government makes most of the policies under which the program operates.

Medicaid helps older low-income adults by covering medical costs that are excluded from Medicare. And it provides health care for people in WorkFirst, Washington's welfare reform program.

Washington is the leader in coverage for children. It covers children up to 200 percent of the federal poverty level (FPL) under Medicaid and children up to 250 percent FPL through the Children's Health Insurance Program (CHIP). Some people who aren't eligible for Medicaid are covered under state-administered programs. This includes people with temporary disabilities or emergency medical needs, and children who do not have documentation of their citizenship status.

In addition, refugees and immigrants receive health care through the federal Refugee Medical Assistance Program or the State Family Assistance

Program. People in Washington state who do not have health insurance through their employers may also enroll in the state's Basic Health Plan, which is administered by the Health Care Authority. For those who qualify for reduced-premium Basic Health, state funds will be used to help pay a portion of the monthly premium. This means members may pay as little as \$10 per month for each enrolled adult. To qualify, applicants must live in Washington State, not be eligible for Medicare, and not be institutionalized at the time of enrollment. They must also meet Basic Health's income guidelines, unless they live in Clark, Cowlitz, Klickitat, Skamania, or Wahkiakum County, where applications are being accepted for individuals and families at all income levels. In addition, if a family qualifies for Basic Health, their children may be eligible for coverage at no additional cost through Basic Health *Plus*. This program offers children a wider range of benefits, including dental and vision care, with no premiums or copayments.

Department of Health (DOH) - <http://www.doh.wa.gov/>

The Department of Health is comprised of numerous divisions and offices including the Health Officer, the Office of Communications, the Office of Policy, Legislative & Constituent Relations and the Office of Public Health System Planning & Development. The Divisions of DOH include Community and Family Services, Health Systems Quality Assurance, Environmental Health, Epidemiology, Health Statistics & Public Health Laboratories, Information Resource Management, and Management Services. All of these offices and divisions report to the Secretary of Health, who is the senior administrative executive of the Department of Health. The state Health Officer is the senior clinical executive for the state and reports to the Secretary of Health.

Division of Community and Family Health – (CFH) - <http://www.doh.wa.gov/cfh/cfh.htm>

The Community and Family Health Division administers programs to promote a healthy start to life, to positively influence health choices, and to prevent illness from the most common causes of disease and premature death, which include tobacco use, physical inactivity, poor nutrition, and injuries. The CFH division has three major offices that administer numerous programs. These include the Community Wellness and Prevention, Infectious Disease and Reproductive Health, and Maternal and Child Health.

CFH programs address: diabetes and cancer; family planning; health education and health promotion; HIV/AIDS prevention and client services; immunizations; infant, child and adolescent health; injury prevention; maternal health and genetics; nutrition services (WIC); oral/dental health; sexually transmitted diseases; tobacco prevention; tuberculosis; and women's health.

The Office of Community Wellness and Prevention within CFH develops and maintains programs designed to reduce preventable risk factors for chronic

disease and injury, and provides food and nutritional services for vulnerable populations. Specific programs in the Office address risk factors such as tobacco and poor nutrition and specific diseases such as breast and cervical cancer, diabetes and heart disease. The Office contains three major program units: Chronic Disease Prevention and Risk Reduction, Injury Prevention and Safety, and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Infectious Disease and Reproductive Health within CFH conducts five programs to protect and improve the health of people in Washington.

Family Planning and Reproductive Health helps to assure access to family planning and reproductive health services for the people of Washington State. The programs include birth control, family planning, reproductive health services such as pelvic exams, pap smear, testicular exams, and prenatal care; and sexually transmitted disease education and treatment.

HIV Client Services works to assure that persons with HIV in Washington have access to quality, culturally sensitive, comprehensive health care and supportive services. HIV Client Services supports limited medical, dental, prescription drug, case management and other social services by contract and by direct payment for low to moderate-income people living with HIV/AIDS. HIV Client Services addresses local needs by helping local consortia assess, plan and provide care programs.

HIV Prevention and Education Services works to reduce the impact and transmission of HIV in Washington State. The section provides leadership and support for effective HIV prevention planning, education and intervention services with local health jurisdictions, the regional AIDSNETs, community planning groups, community-based organizations and other state agencies. Prevention and Education Services also provides accurate information regarding HIV through its statewide HIV Hotline, review of HIV/AIDS curricula and other materials, and the production of "Washington State Responds. "

The Sexually Transmitted Disease (STD) Program is responsible for the coordination, control and prevention of STDs within the state of Washington. The program works to reduce or eliminate STDs by assisting state, local, and community efforts to ensure access to quality clinical services, develop comprehensive prevention services, and deliver culturally sensitive education for clients at highest risk of infection. Program components include surveillance, diagnostic and treatment services, partner management, laboratory screening, public and professional education, and consultation to local health jurisdictions and other health providers.

The TB Program is responsible for the coordination, control and prevention of tuberculosis within the state of Washington. The TB Program works with local health jurisdictions, health professionals and communities to assure access to TB screening, diagnosis and treatment and to ensure therapy adherence and completion. The program also implements partnerships to deliver outreach and contact follow-up on new cases; provides comprehensive culturally sensitive education for clients at highest risk of infection, and ensures the highest quality epidemiological information for policy development and program planning. Program components include surveillance, medical consultation, contact investigation, professional education, and technical assistance.

Maternal and Child Health (MCH) - Maternal and Child Health Program works to promote an environment that supports and encourages the optimal health of all women of child bearing age, infants, children, adolescents and their families.

Maternal and Child Health has four major program areas: Children with Special Health Care Needs, MCH Assessment, Child and Adolescent Health and CHILD Profile, Maternal and Infant Health, and Immunization. In addition, Maternal and Child Health has an Assessment Section, a Genetics Services Section, and the Office of the Director. The Office of the Director includes epidemiology, medical consultation, policy, planning, and administrative functions.

Division of Epidemiology, Health Statistics & Public Health Laboratories –

This division of DOH is responsible for programs in the areas of Epidemiology, the Center for Health Statistics, the Public Health Laboratories, and Administration.

Division of Environmental Health –

At the state level the division includes programs for Drinking Water, Radiation Protection, Food Safety and Shellfish, Environmental Health and Safety, and Environmental Health Assessments.

Drinking Water - At the state level, the DOH Division of Drinking Water has responsibility for overseeing a comprehensive regulatory program for all water systems subject to federal Safe Drinking Water Act (SDWA), which are defined as “Group A” water systems. Generally, these are systems that serve 15 or more connections or serve an average of 25 or more people for 60 or more days each year. DOH offers training on drinking water issues and assists in

investigations of potential waterborne disease outbreaks or other health issues associated with drinking water.

Associations and Professional Organizations

National Association of County and City Health Officers (NACCHO) - <http://www.naccho.org/about.cfm>

NACCHO was formed in July 1994 when the National Association of County Health Officials and the U.S. Conference of Local Health Officers combined to form a unified organization representing local public health. The two predecessor organizations were formed separately in the 1960s. NACCHO is a nonprofit membership organization serving all of the nearly 3,000 local health departments nationwide—in cities, counties, townships, and districts. NACCHO provides education, information, research, and technical assistance to local health departments and facilitates partnerships among local, state, and federal agencies in order to promote and strengthen public health. NACCHO is governed by a 32-member Board of Directors, comprising health officials from around the country elected by their peers, and including ad hoc members representing the National Association of Counties, of which NACCHO is an affiliate, and the U.S. Conference of Mayors. NACCHO conducts numerous activities in support of the work of local health departments:

- ◆ MAPP - Mobilizing for Action through Planning and Partnerships
- ◆ Assessment Protocol for Excellence in Public Health (APEXPH)

Washington State Public Health Association (WSPHA) – <http://www.uspha.org>

WSPHA, the Washington State affiliate of the APHA, is the primary professional organization for personal health, dental health and public health administrators. Its mission is to equip their members with the knowledge and skills to address public health challenges. The goal of the Association is to function as a comprehensive public health leadership organization in the state. Its aid is to bring together and coordinate efforts of the professional health worker, the volunteer and the lay health leader in defining and promoting public health issues. WSPHA holds the annual statewide public health conference each autumn called the joint conference on public health. This joint conference is recommended for all LHJ administrators and other state and local leaders and public health staff.

Washington State Association of Counties (WSAC) – <http://www.wacounties.org/wsac>

WSAC is a non-profit, non-partisan organization that represents Washington's counties before the state legislature, the state executive branch, and regulatory agencies. The majority of WSAC's funding comes from dues paid by member

counties. Members are county commissioners, and while membership is voluntary, WSAC consistently maintains 100% participation from Washington's 39 counties. WSAC focuses its work in several areas: Legislative Advocacy, Membership Assistance, District and Statewide Conferences, Technical Assistance / Educational Workshops, State agency and Rule making Advocacy, and Publications. WSAC affiliates include associations for county and regional planning directors, county parks and recreation boards, county engineers and public works, WWSALPHO, and the Association of County Human Services (ACHS).

Washington State Association of Local Public Health Officials (WSALPHO) -

<http://www.wacounties.org/wsalpho>

WSALPHO is an affiliate of Washington State Association of Counties (WSAC) and the state affiliate of NACCHO. It is the policy group for local public health issues. WSALPHO is currently comprised of public health leaders and managers from the 34 local health jurisdictions from throughout Washington State. Each LHJ may designate up to six voting members. Three subgroups, called forums, provide the mechanisms for addressing issues specific to certain disciplines within the LHJs. These forums are: the Public Health Executive Leadership Forum (PHELF) which includes the health officers and administrators, the Public Health Nursing Directors (PHND), and the Environmental Health Directors (WSEHD).

WSALPHO has established three subcommittees to coordinate activities in critical areas for local public health – the Legislative Committee, the Nominating Committee, and the Recognition and Awards Committee. The WSALPHO Board of Directors also conducts joint meetings with the DOH Senior Management Team. These quarterly meetings allow time for interchange among DOH leadership and the leadership of local health jurisdictions.

Washington Association of County Officials (WACO) -

<http://www.wacounties.org/waco/main.html>

In 1959 the Washington State Legislature created WACO to coordinate the administrative programs of the 39 counties and to assist in developing recommendations to the Governor and the Legislature to increase the efficiency of the county departments headed by the county officials. Seven affiliate groups of elected county officials and their appointed counterparts in charter counties comprise the membership of the Washington Association of County Officials, including county assessors, auditors, clerks, coroners, and medical examiners, prosecuting attorneys, sheriffs, and treasurers.

UW School of Public Health and Community Medicine –
<http://depts.washington.edu/sphcm/>

The School of Public Health and Community Medicine (SPHCM) is one of 17 schools and colleges at the University of Washington. There are five departments in the School: Biostatistics, Environmental Health, Epidemiology, Health Services, and Pathobiology. Our emphasis is on strong academic programs in the public health disciplines, represented by the departments. At the same time, there is extensive interdepartmental collaboration due to the interdisciplinary nature of our research and training programs. The combination of discipline-oriented academic programs and strong interdisciplinary research provides a setting for faculty and students to apply in-depth expertise to broad public health problems.

NW Center for Public Health Practice (NWCPHP) -
<http://healthlinks.washington.edu/nwcphp/>

The Northwest Center for Public Health Practice is dedicated to providing a link between public health practitioners and academia. NWCPHP, along with the School for Public Health and Community Medicine provides practice-oriented education and training programs for practitioners in public health agencies and community-based health centers. The Center works with health agencies throughout the Northwest in developing these programs.

The Summer Institute for Public Health Practice was launched by the Northwest Center nine years ago in response to rapidly changing training needs among public health professionals in this region and beyond. Each year the Institute has continued to provide public health professionals the opportunity to learn practice-based skills that can be readily applied in their work setting.

Boards of Health and Legal Authority for Public Health

Boards of Health and Legal Authority for Public Health

Local health jurisdictions in Washington State are governed by both local and state regulations. The hierarchy of rule making authority is as follows:

- The Washington State Legislature has the primary legislative authority for public health, developing the Revised Code of Washington. Usually RCWs provide general intent, assigning detail to a department of state government or another governmental body.
- A department (Health, Agriculture, Ecology) of state government is granted authority by the Legislature through the RCW to develop administrative rules or chapters of the Washington Administrative Code.
- The Washington State Constitution established the Washington State Board of Health (SBOH) with authority to develop Washington Administrative Code. The SBOH has developed rules for the authority and legislative RCWs governing the operations of public health programs.
- A local board of health is granted authority by the Legislature through the RCW to develop local rules and regulations and to develop fees to carry out those rules. The local Boards of Health function separately from the SBOH and will often supplement SBOH rules to address local problems. Local board of health rules cannot be less stringent than SBOH rule.
- A city is granted authority by the Legislature through the RCW to develop local ordinances. Cities often have local ordinances governing garbage handling, keeping of livestock, development of wells within the city limits and noise control which they may request the local health jurisdiction to enforce. See Tab 3 “Local Health Jurisdictions” for more information.

The Revised Code of Washington (RCW) – <http://www.leg.wa.gov/wsladm/rcw.htm>

The specific RCWs that provide legal authority for the State and Local Boards of Health are listed in the table below.

RCW	Title	Purpose
43.20	State Board of Health	Membership, authority and responsibilities
43.20.050	Powers and duties of State Board of Health	Authority to develop rules for prevention and control of infectious disease, drinking water, environmental conditions including food service, schools, camps and spas
70.05.060(3)	Local Board of Health	Authority for local board of health to adopt rules
70.05.060(5)		Authority for local board of health to declare emergency
70.05.060(7)		Authority of local board of health to establish fees

State Board of Health – Composition and Function

<http://www.doh.wa.gov/SBOH/default.htm>

The Washington State Board of Health is a ten-member board appointed by the Governor to develop policies to promote, protect, maintain, and improve the health of Washingtonians. The board consists of one elected county official and one elected city official who are members of local health boards, four people experienced in matters of health and sanitation, two people representing consumers of health care, a local health officer, and the State Secretary of Health (or designee). The board solicits information about health concerns by holding monthly meetings, sponsoring public forums, and conducting citizen surveys. It also works with interested parties to develop and assess rules and regulations based on health-related legislation and Board policy that often govern operations at the state Department of Health and within local health jurisdictions. The Board responds to citizen inquiries and requests for deviation from regulations or policies through waivers and exemptions, rule development, and rule revision.

Local Boards of Health – Composition and Function

A local board of health oversees public health in a local jurisdiction. Title 70 RCW places primary responsibility for public health activities with local governments, giving them broad responsibilities for protecting the public health through program design and delivery, rule making authority, enforcement and control powers, reporting requirements, and establishing fee schedules for licenses or permits or other services.

For single county health departments the local board of health has the same membership as the governing body of the county that it serves. For combined city-county health districts, RCW 70.46.030 defines the membership of the local board of health and states that it must represent the county that comprises the district. Recent legislation has allowed community citizens to serve as board members, in addition to elected county officials, in some counties.

For multi-county health districts RCW 70.46.020 stipulates that the local board membership must represent the counties that comprise the district. The members must be from the governing bodies of the counties by mutual agreement of those governing bodies.

Key Relationships

The Public Health Nursing Director must communicate and interact with numerous public and private entities, with commissioners, staff, community members, and

volunteers. The table below describes some of the key relationships related to the regulatory and governance arena of public health.

ENTITY	FUNCTION
Legislature	Establishes general policy for local government programs, delegates rule making to State Board of Health, requires input on suitability of policy making decisions
State Board of Health	Establishes rules for most local health jurisdiction programs, has DOH and local board of health member, requires input on suitability of policy making decisions
ENTITY	FUNCTION
Local Board of Health	Financial and policy making group, hires Director or Administrator of Public Health, establishes local portion of budget
County Commissioners	May serve on local board of health or other community boards, assists in policy and funding decisions for LHJ programs
County Administrator	interface with Board of Commissioners
Local Municipal Government	Establishes city or local regulations and codes
Local Prosecutor	Reviews new/revised rules, counsels Board of Commissioners and health department, may defend staff in event of lawsuit; in a health district a private attorney is required

Other Suggestions for Community Members of Importance to Public Health Nursing Directors

Mayor(s), Chamber of Commerce members, newspaper editor(s), hospital administrators, area clinic administrators, local medical association president and members, other key physicians, tribal leaders and staff from tribal health care facilities, leadership of various institutions (e.g., schools, prisons/jails, nursing homes)

Organizational Structures in Local Health Jurisdictions

Public Health Infrastructure

The Washington Public Health infrastructure reflects the concept of “a governmental presence at the local level” which is responsible for the health of the community. This concept is based on a multi-faceted, multi-level governmental responsibility for assuring that the public health needs of the community are met. It is a responsibility that often involves other agencies in addition to the public health agency at any particular level.

The establishment of local health jurisdictions in Washington State spans ninety years. In 1911 Yakima County established the first health department in Washington State, ostensibly to combat a Typhoid Fever outbreak. Klickitat County, the 34th and newest local health jurisdiction in the state was established in 1998 in an effort to provide better services to the community. The legislative authority for local health jurisdictions is summarized in the following table.

Legislative Authority for Local Health Jurisdictions -

<http://www.leg.wa.gov/wsladm/rcw.htm> Or <http://slc.leg.wa.gov/wacbytitle.htm>

RCW	WAC	Title	Purpose
70.05		Local Health Jurisdictions	
70.05.040		Local Boards of Health – Administrative Officer	Authority to appoint Administrative Officer
70.05.070			Authority of local health officer
70.05.070			Authority for local health officer to declare an emergency
70.08		City-County Health Departments	Authority to form Combined City-County Health Departments
70.46		Health Districts	Authority to establish Multi-County Health Districts
		Program Specific RCWs and WACs	
43.20.050	246-100	Communicable And Certain Other Diseases	Establishes a list of reportable conditions as well as timelines and procedures for follow-up
43.20.050	246-203	General Sanitation	Establishes rules for burial of dead animals and other sanitation concerns
43.20.050	246-215	Food Service	Establishes inspection frequency and performance standards for food service establishments
43.20.050	246-272	On-Site Sewage Systems	Establishes statewide rules for managing on-site sewage
43.20.050	246-280	Recreational Shellfish Beaches	Establishes standards for evaluating water quality at recreational shellfish harvesting beaches
43.20.050	246-290	Public Water Supplies	Requirements for persons operating a public water supply
43.20.050	246-291	Group B Public Water Systems	Requirements for persons operating small public water systems
43.20.050	246-293	Water System Coordination Act	Requires public water systems to establish service areas and coordinate service
43.20.050	246-366	Primary And Secondary Schools	Requirements for environmental conditions in schools and playgrounds

Legislative Authority For Local Health Jurisdictions, cont'd

RCW	WAC	Title	Purpose
43.21A.080 91.11.090	173-312	Coordinated Prevention Grant	Provides guidance and funding to local health for enforcing solid waste regulations
59.18		Residential Landlord-Tenant Act	Requires local health jurisdiction to respond to complaints
64.44	246-205	Decontamination of Illegal Drug Sites	Requires local health agency to post warnings and supervise clean-up of contaminated properties
70.54.010		Polluting Water Supply	Authority to act when well, spring, stream, river or lake used for drinking water source is being polluted
70.54.020		Furnishing Impure Water	Authority to act when landlord is furnishing impure water
70.90.120 43.20.050	246-260	Water Recreation Facilities	Establishes authority for permitting water recreation facilities
70.94		Washington Clean Air Act	Establishes authority for air pollution program and authorities

Health Departments, Districts, and Multi-County Districts – Definitions and Implications

Washington has 34 local health jurisdictions that are entities of local government. They are not satellite offices of the State Department of Health or the State Board of Health. Every county must either form a local health department or district, or be a part of a health department with other local health jurisdictions (RCW 70.05).

Health Departments

There are 20 local health departments. These include both single county departments and two combined city-county departments. (RCW 70.08 states that cities with a population of over 100,000 may combine with their county to form a health department.) The governing bodies of the city and county establish and operate a combined city/county department and appoint a director or administrator of public health. In single county health jurisdictions, the Board of County Commissioners constitutes the local board of health. In many small and medium size counties health departments include both health and a variety of human services programs.

Health Districts

Health District is defined in RCW 70.05.010 as “all the territory consisting of one or more counties organized pursuant to the provisions of chapters 70.05 and 70.06.” There are 10 health districts that operate as political subdivisions separate from other offices of county government. RCW 70.46.020 through 70.46.090 describe the formation of health districts and the local board of health composition for health

districts. Health district local boards of health must include a minimum of five members with at least three of those members from the county legislative authority.

Multi-County Health Districts

In the late 1960s and early 1970s local governments and the Health Services Division of DSHS began efforts to combine less populous health departments into multi-county health districts. The purpose of multi-county health districts was to reduce administrative costs, increase technical expertise, and provide a broader base of services to the district's residents. Currently, there are four multi-county districts – the Northeast Tri-County that includes Pend Oreille, Stevens, and Ferry counties; the Benton-Franklin Health District, the Southwest Washington Health District, which includes Clark and Skamania counties, and the Chelan-Douglas Health District.

Key Relationships

Establishing and maintaining internal and external relationships is key to successful public health programs in a local health jurisdiction. A listing of some key relationships follows:

ENTITY	FUNCTION
Local Health Officer	RCW mandates local health officer; may be part-time in some local health jurisdictions
Personal Health Director	Manages programs and staff related to personal health services such as immunizations, WIC, maternity and prenatal care
Environmental Health Director	Conduct routine EH program activities
Auditor	Tracks all department expenditures, compiles county budget
Emergency Management	Coordinates all county, state and tribal functions during major emergency
Social or Human Services Manager/Director	Administers county-based programs addressing mental illness, and chemical dependency treatment and prevention services, and developmental disabilities
Information Services (Data Processing)	Maintains phone and computer system, may be responsible for developing databases
Planning Department	Coordinates land use, chairs Land Use Team
Public Works Department	Is part of land use team, may operate solid waste facilities, technical support for drainage
Solid Waste Department	May manage solid waste facilities, recycling facilities, Coordinated Prevention Grant
Community Services Office (CSO) Administrator	Local contact to coordinate any DSHS programs administered through the local Community Services Office – e.g. Medicaid, CSO Family Planning Services
DSHS/DCFS Supervisor	Interfaces with the DSHS PASSPORT and early intervention (EIP) programs and is the local contact for any Child Protective Services (CPS) issues
RSN Administrator	Responsible for managing a local mental health system. May be multi-county or single-county based
Hospital Administrator	Linkage for coordinating services, and community planning and priority setting activities
Community Clinic (Medicaid)	Linkage for coordinating services

Sheriff	Linkage to coordinate emergency response plans and response to environmental outbreaks
Newspaper Editor or health reporter	Link to media and distribution of critical public health messages. Can assist in highlighting public health events and news items.

Key Local Health Jurisdiction Functions and Programs

The 2000 Public Health Improvement Plan describes the core functions of Public Health as Assessment, Policy Development, and Assurance. Most health departments are not organized along these lines, although some have attempted to do so. Traditionally public health departments in Washington have been divided between Personal Health Services, Environmental Health Services and Administration. While this administrative structure still survives it varies significantly from jurisdiction to jurisdiction. Many jurisdictions have separate assessment divisions, or health education units that cross these traditional boundaries. In addition, the level of clinical services provided by jurisdictions can range from complete primary care to virtually none at all.

Direct provision of services or assurance of service provision:

One of the three core functions of public health is to assure that needed services are provided to the public. Traditionally this resulted in local health departments delivering the needed care directly to the community. In the last decade, due to legislative changes and funding reductions, this function has changed from providing the services directly to assuring that other practitioners and organizations in the community are delivering the services. The adoption of the Health Services Act of 1993 (Health Care Reform) increased the transition of service delivery out of local public health to the private sector. The 1995 Legislature repealed Health Care Reform without providing adequate alternative funding for LHJs to assure the quality of care and service by private providers. This left many local PH health officers and administrators wondering how to evaluate the pros and cons of transitioning services to the private sector.

In deciding whether or not to transition services there are general questions and issues that should be considered:

- Is the service available in the community and if so, how much access is there to the service?
- What is the quality of the care and service that is available in the community?
- Is continuity of care an issue to be considered?
- Would convenience of care be a barrier to some clients; for example, clients with transportation constraints who need immunizations, WIC services, family planning services, and maternity support services?
- Is confidentiality of care an issue to be considered?
- Will the cost of care and the client's ability to pay, or the lack thereof, be a constraint to getting needed care?

In specifically responding to the loss of funding through I-695 or other legislative or regulatory changes, five models have been used to assist LHJ leadership in applying specific criteria for making a transition of services decision.

Mission/Risk Driven model: The LHJ may rethink their core mission and business, and focus on the high risk populations. In this model the ability of someone else in the community provide the service should be considered. The LHJ can also support recruitment of a new Community Health Center to the community.

Funding and Mandate Driven Model: Health department programs are reviewed and ranked (from highest to lowest priority to maintain) according to the following criteria. Cuts are focused on programs that duplicated effort of others in the community (e.g. parenting classes) and ranked lowest priority.

Criteria:

1. Funded and mandated (highest priority)
2. Not funded, mandated
3. Funded, not mandated
4. Not funded, not mandated (lowest priority)

Program Driven Model: Health department programs were reviewed and evaluated according to the following questions:

- Is there a need for a government role?
- Degree of primary prevention?
- Degree of direct public benefit?
- How effective is the program?
- Benefit related to cost?
- Severity of condition prevented?
- Degree of political support?

Performance Standards Driven Model: The Public Health Performance Standards are used as a guide and programs are evaluated according to the following criteria:

- Does it address a public health problem?
- Is it consistent with LHJ responsibility and authority?
- Are there interventions that work?
- What is the budget impact?
- Also used Proposed Performance Standards as a guide.

Zero Based Budgeting Model: The LHJ uses zero based budgeting to fund future programs, thereby eliminating programs that are not funded, regardless of the risk levels or unfunded needs of the community.

Personal Health Services - These services relate to clinical services, general services and primary care for families. Most LHJs have many of these personal health services.

Family Planning and Reproductive Health (FPRH) -

FPRH works to reduce the health and social impacts of unintended pregnancy by helping men and women choose the timing and spacing of their pregnancies. Program components include developing and sustaining support for family planning providers, enhancing local capacity to provide services, and collaborating with other programs to integrate and expand family planning and reproductive health services and information. Services for FPRH are funded through the state division that contracts with local non-profit agencies, local health jurisdictions, and community consortia. FPRH provides federal Title X and State family planning funding for comprehensive family planning services in 31 of the state's 39 counties. The target populations for FPRH services are women and men in need of subsidized services without access to other providers, and adolescents, regardless of income.

Maternal and Child Health Services - This program includes services related to the health and well-being of pregnant women, mothers, infants, children and adolescents. The prenatal, antepartum, and postpartum periods and any follow-up care related to pregnancy or delivery is included. The services include nursing assessment, diagnosis, and intervention; primary, secondary and tertiary levels of preventive services for infants, children, and adolescents in various settings; and leadership activities for development of community-wide services. Revenues received from Medicaid (Title XIX) for women's and children's services should assist with funding for these programs.

Children with Special Health Care Needs (CSHCN)- Provides resources and funding to link, coordinate, and pay for comprehensive services for infants and children from birth to 18 years of age with or at risk for special health and/or developmental needs. Primary focus of services is care management to develop coordinated systems of care for these infants, children and their families.

Maternal and Infant Health - These programs optimize healthy outcomes by improving health and support services for pregnant and post-partum women, their infants and children. They accomplish this by assuring access to services, training, education, assessment and intervention, as well as a system of regional perinatal care that includes the availability of quality tertiary care for high risk women and newborns. Services are provided by a collaborative network consisting of state, local health jurisdiction and non-profit providers, and include

confidential pregnancy testing and referral, maternity support services, and early prenatal, child development and parenting information and education.

Child and Adolescent Health and CHILD Profile

These programs work to promote and protect the health and well-being of children, adolescents (including pregnant and parenting teens) and their families through assurance of integrated primary care and preventive clinical, oral and nutritional services. Services promoted by these programs include well child and adolescent screening and referral, child abuse and neglect prevention, teen pregnancy prevention programs including a statewide public relations and media campaign, nutrition consultation, child death review development, and population based oral health screening and sealant programs.

Immunization

This program protects residents against vaccine preventable diseases through a statewide immunization delivery system. Services include distribution of no cost vaccines to local health departments, support to local communities for projects targeting “hard to reach children” and technical assistance during disease outbreaks.

Women, Infants and Children (WIC) - is a preventive health program designed to influence positive, lifetime nutrition and health behaviors. WIC provides pregnant and breast feeding women and children from birth up to age five with nutrition education, breast feeding support, health referrals, and checks to purchase nutritious food in community grocery stores. WIC reaches over 265,000 women and children each year. Nearly half of all babies born in Washington benefit from WIC. To be eligible families meet the WIC income guidelines. Families receiving TANF, Food Stamps, Medicaid or Healthy Options are automatically income eligible. WIC also provides nutrition screening to help determine eligibility.

Communicable Disease Services – The state and local levels collaborate in disease reporting and contact information, disease investigation, and disease surveillance activities to control and prevent communicable diseases. These services provided at the local level can include the immunization program and education and services for diagnosis, treatment and control of sexually transmitted diseases, tuberculosis, AIDS, and other communicable diseases.

Environmental Health Programs

Environmental Health Education - Education is a primary and vital part of the public health system. Because of the limited exposure between the client (often an industry such as a food establishment) and the environmental

health specialist, it is important that the message that is presented is understandable and beneficial. This program is often integrated into any of the other environmental health programs without special designation as a separate activity. Some LHJs utilize the expertise of public health educators to aid the technical environmental health staff with the production of educational materials such as brochures, pamphlets, videos, and other media.

Drinking Water Program - The purpose of the Drinking Water Program is to protect drinking water from disease organisms or chemical contaminants that may affect the health of the consumer. Funding is primarily through permit fees, local dollars, and Department of Ecology pass-through fees and initial grants. Local health jurisdictions and local health officers have independent authority under RCW 43.20.050, 70.05 and Chapters 246-290, 246-291, and 173-160 WAC to oversee the safety of drinking water and public water systems. Generally the water program works under a joint plan of operation (JPO) negotiated with DOH. Under the JPO, local health jurisdictions usually agree to regulate small public water systems defined as "Group B Water Supplies."

Solid Waste Program - The purpose of the solid waste program is to control the disposal of solid waste materials that may affect the health of the people in the community. These effects may include chemical contamination of the ground water that serve as drinking water sources. The local health officer is delegated his/her authority by Chapter 70.95 RCW and Chapter 173-304 WAC to enforce regulatory requirements for the management and handling of solid wastes. The permitting and inspection of solid waste facilities and the investigation of unlicensed sites for compliance, usually resulting from solid waste complaints, are the primary tools of enforcement for the protection of public health and the environment. Fees for annually permitted facilities and a solid waste enforcement grant from the Washington State Department of Ecology fund the solid waste program.

Liquid Waste Program - The purpose of the Liquid Waste Program is the protection of the health of the people in the community from chemical and disease organisms originating from the disposal of human sewage. The program focuses on the protection of ground and surface water from contamination and the prevention of human access to contaminants through proper handling and disposal. The funding is primarily through permit fees, Department of Ecology educational grants, and local dollars. Liquid waste is a demand program, especially during the normal construction season. Local health officers are responsible for all on-site sewage systems that serve structures generating daily wastewater flows of 3,500 gallons or less at a common point (e.g. building drain). A high degree of interaction with other county agencies is required. The Department of Licensing must certify inspectors who work in this program. Persons who design on-site sewage systems must be licensed as designers by the state.

Food Program - The purpose of food programs is to prevent the spread of food borne disease in the community. Most environmental health programs conduct a food program to assure sanitary standards in food service operations to prevent disease and chemical exposure under WAC Chapter 246-215. Each permitted food service establishment must be inspected at least once per year, and establishments with a higher risk (termed complex menu facilities) are to be inspected at least twice per year. Education is a major component of the food program. The staff are expected to incorporate education in their routine inspections and distribute educational handouts during inspections. Educational presentations are offered to food establishments, schools, and community groups. Most LHJs respond to complaints of food-borne illness outbreaks and work with the LHJ personal health staff to conduct investigations of the outbreaks.

Schools - Chapter 246-366 WAC gives the local health officers authority over public, private, or parochial kindergarten through twelfth grade schools. This allows for health and safety inspections in these schools as well as review of school construction plans, pre-occupancy inspections, response to complaints, and consultation on a variety of issues, ranging from indoor air quality to playground equipment. The Public Health Improvement Plan lists playground injuries as a key public health problem, citing as many as 50,000 school playground injuries in Washington State every year.

Health Education and Health Promotion Programs

Injury Prevention and Safety Program - Injuries are the leading cause of death and disability for the people of Washington ages 1-44, and remain a significant cause of death and disability throughout the life span. Injuries do not occur at random; they occur in highly predictable patterns. The Injury Prevention and Safety Program provides data and special reports to identify priority issues, and conducts activities aimed at reducing injuries.

Heart Health Program - The Heart Health program addresses cardiovascular disease prevention and control through the modification of risk factors. The program provides client education materials and technical assistance to health care providers related to high blood pressure, high blood cholesterol, tobacco use and physical activity.

Breast and Cervical Health Program - Washington State's Breast and Cervical Health Program provides free breast and cervical cancer screening and diagnostic services to women ages 40 to 64, whose income is at or below 200 percent of the Federal Poverty Level, and reimburses participating medical providers for these services. The program's mission is to provide community education and services that reduce breast and cervical cancer incidence and death in Washington State. <http://www.fhcrc.org/cipr/bchp/>

Tobacco Prevention and Control Program - The Tobacco Prevention and Control Program is dedicated to improving the health and saving the lives of Washington residents by reducing tobacco use. The program supports community-based and school-based programs, conducts a statewide anti-tobacco media campaign, provides a 1-800 information and referral line for adults who are thinking of quitting smoking, and educates retailers to prevent tobacco sales to minors. Additionally, the program collects data to support ongoing evaluation of program effectiveness and monitors the status of tobacco use across the state. The Washington Tobacco Quit Line number is 1-877-270-STOP.

<http://www.doh.wa.gov/Tobacco/default.htm/>

Funding Sources, Contracts, and Reports

Funding Sources, Contracts, and Reports

Local Health Jurisdictions have essentially two revenue sources: general fund (general tax sources) and licenses, permits and fees to support public health functions. Each county is financially responsible for the cost of public health activities in its respective jurisdiction. The Board of Health for each jurisdiction determines the portion of financial responsibility of each local government.

State Funding of Local Public Health

The local health jurisdictions receive funding from the state through several different agencies and numerous contracts. Some of the funding is considered categorical, which means that its use is specified for a specific program or service. Categorical funds cannot be used to fund any other LHJ services. Non-categorical funds are for any appropriate use identified by the LHJ, its local Board of Health, and any relevant community groups. Below is a summary of some of the major types and sources of state funding for LHJs.

Local Capacity Development Funds

Local Capacity Development Funding (LCDF) is funding provided biennially by the Washington State Legislature to be used by local health jurisdictions to address public health issues, concerns or priorities in their respective jurisdiction. The genesis of this funding occurred in 1993 when the Legislature appropriated \$10 million to be distributed to local health jurisdictions throughout Washington State. That appropriation was termed "Urgent Needs" and represented a new approach to providing state funds for public health. The funding was not tied to any specific categories of services, but rather was to provide local health jurisdictions with the flexibility to spend funds in a way they felt would best address issues, problems or priorities specific to their jurisdiction. Over the next few biennia the amount of this funding increased to over \$14 million for the 1999-2001 biennium. These funds are distributed, generally speaking, on a per capita basis, with the stipulation that no jurisdiction receives less than a threshold that was established in 1995. They are allocated via the Consolidated Contract.

Motor Vehicle Excise Tax (MVET) –

A secondary provision of the Health Services Act of 1993 was the Legislature's decision to remove cities from ongoing funding of local public health departments. The Legislature accomplished this action by assigning 3.4% of the cities Motor Vehicle Excise Tax (MVET) to local health jurisdictions. The MVET, the annual MV licensing fee, was based on a percentage of the vehicle's value. It was anticipated MVET dollars would increase as the value of vehicles increased.

The Health Services Act of 1993 was repealed by the 1995 Legislature, essentially stopping the systematic increases of state funds for funding local public health. However, LCDF at the 1993 base rate plus subsequent

increases continue to come to local health jurisdictions via the Consolidated Contract.

Initiative 695

The voters of Washington State voted in 1999 to reduce the MVF to a flat \$30. This action immediately affected local health MVET dollars. A provision of I-695 mandated government officials to put all fee increases to a vote of the public. The intent of I-695 was to reduce the MVET and not allow local and state government to compensate for the MVET loss by charging additional fees. I-695 was challenged in court and found to be unconstitutional. The \$30 tab fee has been continued as part of separate legislation from the 2000 legislative session. Local environmental health program managers in many jurisdictions were requested to increase fees to cover 100 % of the cost of programs.

Initiative 695 Replacement Funds

The 2000 Legislature acted to replace a portion of the funds lost through I-695. The Legislature allocated moneys from the state's "Rainy Day Account" to replace 90% of the dollars that public health would have received from MVET. A joint effort between Washington State Association of Local Public Health Officials, the Washington State Legislature, Washington Association of Counties and Washington Association of Cities is underway to address long term state funding.

A Per Capita Analysis of Funding in LHJs - The following analysis on local funding is taken from the 2000 PHIP Finance Committee Report.

Why Per Capita? Per capita funding measures are valuable to control for population size and overall funding level, but other measures, such as dollars per \$1,000 Assessed Value (AV), or dollars in Child/Family Health per person on Medicaid, may better explain and describe the funding pattern.

Per Capita Funding. The average local funding in public health is \$22.05 per capita and \$36.37 per capita when all sources of funding (federal, state and local) are considered. Among jurisdictions and across all public health standards, overall, annual per capita amounts range from \$20.24 to \$73.75. Other per capita measures are shown below.

Standard	Range of Local Per Capita Investment	Average of Local Statewide Per Capita Investment	Statewide Average, All Local Funds Per Capita Investment
Assuring A Healthy Environment	\$2.63 to \$26.35	\$8.06	\$9.14
Protecting People From Disease	\$1.33 to \$11.42	\$4.02	\$6.84

Understanding Health Issues	\$0.14 to \$9.78	\$1.08	\$1.91
Prevention & Community Health – Chronic Disease Prevention	\$0.01 to \$2.67	\$0.31	\$0.99
Prevention & Community Health - Family And Social Health	\$0.05 to \$12.09	\$3.09	\$10.12
Access To Health Services	\$0.01 to \$12.78	\$1.78	\$2.90
Across All Standards	\$0.03 to \$15.74	\$3.70	\$4.47
Total		\$22.05	\$36.37

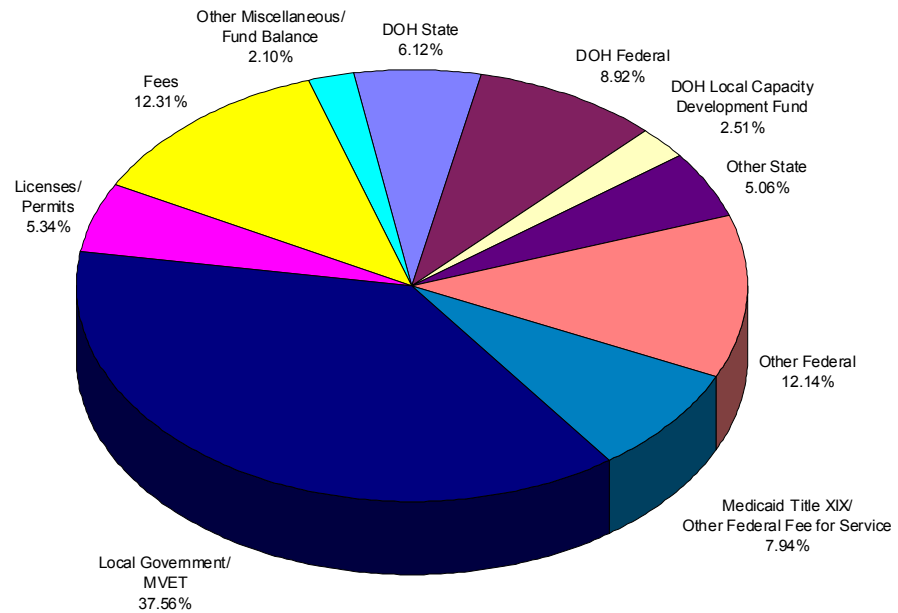
Regional Disparity. There is a difference in per capita dollars between rural and urban LHJs (\$19.29 in 26 rural jurisdictions and \$21.29 in 8 urban LHJs). Further, the average per capita varies by region of the state (\$24.60 in the East, \$23.90 in the West, \$15.96 in the Central region and \$22.16 in the Puget Sound area).

Fee Support. The average per capita funding varies by LHJ depending on the total amount of the budget supported by fees, as shown below.

Avg per capita with low fee support (less than 20%)	\$24.25
Avg per capita with fees=20-40% of total	\$21.31
Avg per capita with fees=40-50% of total	\$19.04
Avg per capita with high fee support (greater than 50% of total)	\$17.35

Local Fees. Fees are another local revenue source that supports public health. There is wide variation in local fees in terms of fee level, market area to support fees, local philosophy underlying cost recovery, and whether any fees will be charged for certain services. Local reliance on fees ranges from 5% to 66% of LHJ budgets.

Local Health Jurisdiction Funding Sources



The pie chart above indicates the portion of revenue at the local level from the various funding sources. (1998 BARS report summary)

Budgeting, Accounting, and Reporting System (BARS) –
<http://www.doh.wa.gov/msd/OFS/>

Under RCW 43.09.200, the State Auditor's Office (SAO) has prescribed the use of a uniform chart of accounts and procedures for Category I and II governmental entities that is consistent with generally accepted accounting principles (GAAP). Public Health is recorded as the expenditure category of 562.00 with the statement: *"The department or agencies actually performing these services will use the detailed chart of accounts in the appropriate BARS support system available from the state agency responsible for the program."* The Department of Health is the central point to gather information for public health related programs. It is DOH's desire to be able to consolidate information from all 34 local health jurisdictions for preparation of accurate reports that will reflect statewide program activities and funding sources. BARS data, which can report LHJ expenditures on public health, has shortcomings in showing the full universe of investment in public health since it does not capture environmental health in some cases, community providers' (non-profit and private) funding in most cases, and other numerous reporting inconsistencies.

Consolidated Contract Funding - www.doh.wa.gov

The Consolidated Contract is the mechanism through which the 34 LHJs apply for and contract with the Washington State Department of Health to receive various state and federal funds that support local public health services. The contract includes funding for personal and environmental health programs such as maternal and child health, oral health, family planning and reproductive health, tobacco use prevention and control, local capacity development, HIV-AIDS prevention, and shellfish biotoxin monitoring, education and outreach.

The Consolidated Contract (known as Con Con) was developed in the early 1980's in order to simplify and centralize the process of contracting between LHJs and DOH for different program services. Using this approach, the Con Con has created a more integrated and consistent process for planning, allocation of resources, and monitoring contract activities.

The Con Con is based on a twelve month calendar year; however, plans are being made to expand to a twenty-four month contract by combining the 2001 and 2002 contract periods.

Funds are allocated to LHJs based on DOH program funding formulas. DOH program staff negotiate with LHJs to determine how the program funds will be spent. DOH staff usually meets annually with LHJs to discuss relevant program changes that are reflected in the Con Con. Any funding and program changes are reflected in contract amendments, which are completed at least every three months by the Office of Consolidated Contract staff. LHJs are reimbursed for their contract activities by submitting a monthly billing (A-19 voucher) to the DOH Office of Consolidated Contract.

DOH program staff are required to conduct a six-month and twelve-month “check-in” with each LHJ in order to assure the Office of Consolidated Contract staff that contract requirements have been met. LHJs can view and receive their Consolidated Contract materials electronically by using the Consolidated Contract web page. Con Con information and regular updates can be found on the Consolidated Contract web page via the DOH web site at: <http://www.doh.wa.gov>

Comments, questions, and suggestions about any aspect of the Consolidated Contract can be sent to Con Con staff via email at concon.mail@doh.wa.gov.

Funding through Other Contracts

LHJs have contracts with other state agencies for selected programs. For instance, DSHS contracts with some LHJs for the Foster Care Passport program, for the Alternative Response System, and for the WORKFIRST program. Medical Assistance Administration (MAA) and the Medicaid Matching program provide funding for direct services, such as Maternity Support Services, maternity case management, and some STD and TB control services.

Funding Sources for Personal Health Services

Many of the LHJ personal health services are funded through the Consolidated Contract described above. Funding for two programs is described in more detail below as examples of the flow of federal and state dollars to LHJs.

Maternal Health Services program is funded primarily by the Title V Maternal and Child Health Block Grant and by state general funds. The federal Title V Maternal and Child Health Block Grant, authorized in 1935 under Title V of the Social Security Act, provides funds to states to develop community-based, family-centered systems of preventive, primary and specialized care which coordinate and integrate public and private resources. It is the only federally authorized program to focus exclusively on maternal and child health, and is especially directed towards low-income families, families with limited access to care and families with children with special health care needs. This block grant is population-based, in that it addresses the health of all women and children, not just targeted subgroups (e.g., a particular socio-economic or ethnic group).

Breast and Cervical Health program – This program is funded through categorical funding from the CDC, and some DOH and local funding. Tobacco Prevention and Cessation program funding is through the Con Con and from funding through the CDC.

Funding Sources for Environmental Health

The legislature, through RCW 70.05.060 (7), granted authority to local boards of health to set fees, provided the fees do not exceed the cost of providing the service. Loss of the Public Health milage in the late 1970's caused local health jurisdictions to substantially increase environmental health fees. Land use (on-site sewage and review of subdivisions), food establishment, temporary food service, swimming pools/spas, camps, camping vehicle parks and permits for installers/designers of on-site sewage systems make up the bulk of environmental health fees. Local health jurisdictions with direction from their communities and boards of health charged from 25 % to 100% of the cost of providing services. Local public health jurisdiction environmental health programs remain funded at the high levels initiated prior to adoption of I-695.

Public Relations and Community Involvement

Improving the Public's Understanding of the Role of Public Health

One of the seven key elements of the 2000 Public Health Improvement Plan (PHIP) is to successfully communicate important messages to the public. The WSALPHO Communications and Marketing Committee states: *Much can be accomplished when people and organizations band together to solve health problems. Such efforts have persuaded the public to wear seatbelts, stop drinking and driving, and ensure smoke-free environments.* Their 2000 report to the legislature includes the results of a 1999 national poll of people who were asked what they thought *public health* meant. Only 27% identified *programs that maintain healthy living conditions*, while 23% mentioned *health services to the poor*.

All residents of the state benefit from public health services, but few understand the impact public health has on their lives. When the public doesn't understand the services provided by public health, they are less likely to work with public health agencies or programs to solve local health problems. This lack of awareness impedes the public health system's ability to protect and improve health.

DOH, the State Board of Health, and WSALPHO are working together to increase the public's understanding of public health services. This will help community leaders set clear goals for improving health at local levels and through statewide alliances. The next steps outlined in the 2000 PHIP include:

- Increase public understanding of the mission of public health: to protect and improve the health of all people in Washington State.
- Improve the public's understanding of the breadth and depth of public health services, and increase public participation in addressing and solving health problems.
- Obtain a better understanding of what the public needs to know to make good decisions about its health and the health of the community.

Media Relationships

The local health administrator's role usually includes media interviews and legislative contact. (Policies and detailed procedures for communicating with the media and with other key community contacts are outlined in the orientation toolkit.) The process for responding to the media includes three steps: preparing for an interview by gathering all related information, developing your message, planning how to effectively utilize different forms of the media, and preparing for follow-up as a result of media exposure. All public health practitioners should use media contacts to advance public health practice and increase the public's understanding of public health issues and services. Some general tips for responding to a media request are listed below.

- Return their calls quickly
- Learn more about the specific information they are seeking and if possible, why they are calling you
- Ask them who else they have talked to or are trying to contact
- Determine what their timeline is. When do they need the information?
- Confirm what information you will be getting to respond to their request and by when you will contact them.

Keys to Community Involvement

All local health jurisdictions should have a list of community members likely to be influential to local public health and its practice. These key community members will have a unique understanding of local people and health issues (including diverse cultural and special groups). Members of the community should be able to provide knowledge, expertise, volunteers, political support, or even financial support to promote local public health activities or influence others that could provide these resources. They can assist an LHJ in prioritizing programs or services that are valued by the community. These key members could also mount opposition to public health activities and should be considered and consulted early in any planned activity. It is recommended that the new administrators become familiar/acquainted with these key members of the community early in their tenure.

Performance Standards for Community Involvement

The Public Health Performance Standards include several standards and numerous measures to describe and evaluate local and state level involvement of community members. Community and stakeholder involvement is also one of the eight key management practices framework used to organize the performance measures. A couple of examples of standards addressing community involvement are:

- Understanding Health Issues Standard 2; “Information about environmental threats and community health status is collected, analyzed and disseminated at intervals appropriate for the community.”
- Prevention is Best: Promoting Healthy Living Standard 2; “Active involvement of community members is sought in addressing prevention priorities.”

Risk Communication

Risk communication is a science-based approach for communicating effectively in high concern, low trust, sensitive, or controversial situations. The level of public concern and trust in the responsible organization can characterize every situation. Risk communication is essential when there is high concern and low trust, and highly recommended when there is high concern and high trust.

The following concepts are highlights from the Risk Communications Workshop given by Dr. Vince Covello in spring, 2000. Risk communication has three goals: to increase knowledge and understanding, to enhance trust and credibility, and thirdly, to resolve conflict. Risk communication skills can be grouped into 3 areas: the message (what), the messenger (who), and the media (how).

- **Three tips for effective messages:**
 1. Make your messages simple, short and relevant to your audience
 2. Repeat your 3 key messages often
 3. Always use visuals because they increase attention, recall and understanding
- **Negative words to avoid:** no, not, can't, don't, never, nothing, and none
- **Message Mapping** is a technique for developing and displaying your three key messages and supporting points. Message maps are used as talking points and as the basis for written materials, exhibits and other communications. Message maps contain information designed for varying levels of comprehension, ranging from 6th grade to post-graduate. A group with expertise in four areas; policy, technical, communications and legal develops the messages. Message maps are combined into briefing books and routed to those who will communicate about the issue. The maps need to have a "champion" who maintains them; this is usually the technical expert.
- **Three tips for building trust and credibility:**
 1. Demonstrate empathy and caring in your body language and key messages. Fifty percent of your credibility depends on whether people believe you care about their concerns.
 2. Demonstrate commitment to address people's concerns; expertise in the subject area; and an open, honest approach to handling information. Together, these three factors account for the remaining 50 percent of your credibility.
 3. Remember that credibility is in the eye of the perceiver. Find out who is highly credible with your target audience and align yourself with them, if possible.
- **Negative dominance theory:** (1N = 3P) If you are attacked or accused by a credible source, you need three positive messages to neutralize one negative message. You need one additional positive message to reestablish your credibility.

Health Policy Development and Implementation

Policy Development as One of the Three Core Functions

One of the three core functions of public health is policy development, as first described in the 1988 Institute of Medicine report ***The Future of Public Health***. This responsibility is defined as using data gathered through assessment to develop health policy and recommend programs to carry out those policies. Health policy should result in proposals to support and encourage better health.

In 1989 the Public Health Practice Program Office of the CDC formed a work group to determine the system practices that would be necessary to assure that the core functions of public health were being carried out. Their work resulted in ten organizational practices that must be carried out by a component of the public health system in each locality. Three of these support the function of policy development:

- Advocate for public health, build constituencies and identify resources in the community,
- Set priorities among health needs, and
- Develop plans and policies to address priority needs.

The 1993 Progress Report from the Washington State Core Government Public Health Functions Task Force (included in the orientation toolkit) defines a process for health policy development and clearly articulates the differing roles at the state and local levels.

The Policy Development Process

The development process uses assessment information from many sources including scientific information, information from concerned citizens and providers, concepts of political and organizational feasibility, and community values. It is an open process, involving all public and private sectors by communicating, networking, and building constituencies. The process outlined in the report includes the following steps:

- Define health needs,
- Set priority health issues by analyzing the outcome of assessment,
- Develop policies and plans to address the most important health needs by setting goals and measurable objectives,
- Develop alternative strategies for developing plans, and
- Identify necessary and available resources.

Tools and Methods for Strategic Planning and Policy Implementation

Local health jurisdictions throughout Washington have conducted assessments of community health status. They are being used in a variety of ways to identify and improve the health status of individuals in the community. In some counties the local Board of Health and the leaders in the LHJ jointly establish the priorities for expanded or new public health programs. There are many communities with coalitions for different issues, or with advisory groups that work with the LHJ to analyze the results of assessments, to determine some of the causal factors for the issue, and to plan for community activation to address the problem. Various tools and methods can be used by these groups of public health and community leaders to increase the effectiveness of their policy development and implementation processes. A few of these methods are described below and referenced in greater detail in the toolkit.

Mobilizing for Action through Planning and Partnership (MAPP) - http://nacchoweb.naccho.org/MAPP_Home.asp

MAPP is a community-wide strategic planning tool, developed by NACCHO and CDC, for improving community health. Facilitated by public health leadership, this tool helps communities prioritize public health issues and identify resources for addressing them.

The process includes four strategic assessments undertaken by the local community: 1) community themes, 2) a local public health system assessment, 3) a community health status assessment, and 4) an evaluation of the forces of change. Because the community's strengths, needs, and desires drive the process, MAPP provides the framework for creating a truly community-driven initiative.

Protocol for Assessing Community Excellence (PACE) - <http://www.bixler.com/naccho/GENERAL261.htm>

PACE is also a tool developed by NACCHO to help local communities and health departments conduct a community-based assessment and create an accurate and verifiable profile of the community's status. The methodology takes the user through a series of steps to engage the public, collect necessary and relevant information pertaining to community concerns, rank issues, and set local priorities of action. At the heart are three core processes: developing new relationships with community stakeholders, expanding the understanding of the relationship between human health and the state of the environment, and redefining the leadership role for public health officials.

Public Health Performance Standards and Best Practices -

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The Revised Standards are a performance measurement system of standards and measures developed by committees of public health practitioners. They include five key areas of public health practice and, for each standard, a set of measures is provided for local and state agencies. The standards and measures crosswalk to the ten essential public health services and the three core functions. By assessing LHJ performance in the five areas of standards, the jurisdiction can set priorities for improving their processes and health status outcomes, and utilize the best practices to assist in the improvement activities.

Turning Point Project -

http://depts.washington.edu/hpap/Performance_Measurement/performance_measurement.html#Turning

This national project based at the University of Washington has developed a process for establishing and implementing performance measures for public health. The *Turning Point Guidebook for Performance Measurement* defines various types of measures and presents tools and methods for planning and implementing performance measurement. The steps in the process include incorporating stakeholder input, promoting top leadership support, creating a mission, long-term goals, goals, and objectives; formulating short-term goals, devising a simple, manageable approach, and providing technical assistance. The guidebook describing the process in detail is referenced in the accompanying orientation toolkit.

Personnel and Property Management

Personnel Management

This orientation process assumes that the new administrator has prior administrative or management experience, and does not include general management skills and knowledge. This section is included to provide a short overview of this functional area and to provide summaries of specific legislation that managers and leaders, regardless of their industry, are required to follow.

It is the responsibility of the leadership of the local health jurisdiction to provide the direction and support needed by the management team and the staff to fulfill the mission of the LHJ and achieve the highest outcomes possible. Managing in the public sector is both unique in some factors, and yet shares common practices with all other types of healthcare entities. References abound to assist administrators in creating and maintaining a positive work environment. Several references specific to public health management are found in the accompanying orientation toolkit.

Legislation for Personnel Management - There are numerous rules and regulations governing the rights of employees both at the federal and state level. Several of the most important federal regulations are described below, and in greater detail in the toolkit.

Americans with Disabilities Act (ADA) : <http://www.usdoj.gov/crt/ada/adahom1.htm>
Signed into law on July 26 1990, the Americans with Disabilities Act is a wide-ranging legislation intended to make American Society more accessible to people with disabilities. This statute is of relevance in both the hiring of disabled persons and the provision of public services.

Fair Labor Standards Act (FLSA)): <http://www.opm.gov/flsa/index.htm>
A federal law initially passed in 1938 that sets minimum wage, overtime pay, equal pay, record keeping and child labor standards for employers who are covered by the Act.

Family and Medical Leave Act (FMLA)): www.opm.gov/hrss/html/fmla96.htm
Signed into law in 1993, the Family and Medical Leave Act entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave in a 12-month period for specified family and medical reasons. The law contains provisions on employer coverage, employee eligibility for benefits, entitlement to leave, and maintenance of health benefits during a leave, and job restoration after a leave.

Labor Unions

At least one union contract covers employees of some LHJs, Local 1557 of the Washington State Council of County and City Employers and the American Federation of State, County, and Municipal Employees (AFL-CIO). This union contract covers all of the Wahkiakum County employees, for example, including nurses and mental health therapists.

Information Systems and Technology

Information Systems to Support Local Health Jurisdictions

An emerging role of the local Public Health Administrators and Nursing Directors is often the responsibility for key decisions affecting the management, use and expansion of IT and telecommunications systems. To be able to fulfill this role, the local health administrator needs to be proficient in using many applications to facilitate and support their own work and the work of other public health personnel. A more general awareness of the types of applications useful for public health and the existing delivery infrastructure will also contribute to more effective decision making.

In Washington State there are a variety of technical telecommunications and electronic information tools used both internally and externally for:

- Communications
- Information and data exchange
- Education

Most public health entities now support their own web-based home page, with a significant amount of information available regarding services and health issues. Today, in fact, much of the documentation, tracking, monitoring and analysis are done in online systems with no paper documentation.

Communications

Through the Information Network for Public Health Officials (INPHO) project, all of the state's 34 LHJs were connected to a high-speed wide area network. Each LHJ is connected full time to a Frame Relay circuit with a minimum 384KB committed information rate. The INPHO network was designed and implemented to expand beyond public health and currently the Washington Department of Information Services (DIS) assumes administration of what is now called the Inter-Governmental Network (IGN), which currently connects all state agencies to the state's 39 counties. Each county is treated as a "point of presence" (similar to the CDC node concept) for network connections, and used for further connections to county departments (such as public health), cities, Indian Tribes, emergency response organizations, and other local government entities. The network is designed as an Intranet using Internet standards such as TCP/IP and SMTP. This network also provides access to the Internet through DIS.

Use of electronic mail, listservs, bulletin boards and calendars are examples of the daily operational communication applications used by the public health workforce. The Internet is also increasingly utilized as a research, education and marketing tool to enhance and deliver public health services.

Several listservs are in place as tools for information and resource sharing, problem solving and policy discussions. All Nursing Directors are automatically subscribed to the WSALPHO list. More information can be obtained about these lists from contacting listserv owners.

Databases and other information systems

Information systems and technologies include databases, applications and internet connectivity. The Department of Health lists over 160 different databases in the Information Resource Directory. The scope ranges from financial to mailing distribution systems. Often databases are linked to applications developed to support local public health functions. Most public health entities now support their own website, with a significant amount of information available regarding services and health issues. The LHJ administrator must be able to use all of these technologies and information systems to support and facilitate their work. Today, in fact, much of the documentation, tracking, monitoring and analysis are done using online systems.

Below is a table describing a few of the most important databases for LHJs and the business contact for more information.

Name of Database	Description	Contact or Website
WIC - CIMS	Supports the Women Infant, and Children program to provide essential nutrition intervention.	Jim Hammond CFH
SHARE (AIDSNET Data Reporting System)	Provides uniform reporting system for LHJs for data related to AIDS prevention and client services provision.	Amy McAferty IDRH
CHILD Profile (CPMENU)	Provides information about and tracks care received by infants at risk with medical, congenital, or social problems.	Janna Halverson MCH
Behavioral Risk Factor Surveillance System (BRFSS)	National annual survey that collects information from adults on health behaviors and preventive practices related to several leading causes of death.	Katrina Wynkoop Simmons Center for Health Statistics
VISTA/PH – Software for Public Health Assessment	A point-and-click software package for analyzing population-based health data (e.g. leading causes of death by age, sex, race & geography).	Julie Alessio, Center for Health Statistics http://www.doh.wa.gov/OS/Vista/HOMEPAGE.HTM

Privacy and Confidentiality of Information

Washington has a comprehensive statute, the Uniform Health Care Information Act [Wash. Rev. Code Ann. § 70.02.005 et seq.], governing the access to and disclosure of health care information maintained by health care providers. Washington also has numerous other laws protecting the confidentiality of health information in specific situations. Some of these apply to entities other than health care providers, such as

insurers and governmental agencies. One of the specific conditions covered by privacy legislation is information about individuals with AIDS or HIV. The accompanying toolkit references a manual that provides copies of associated RCWs and WACs, CDC guidelines on security and confidentiality, and sample policies, procedures, and forms that can be adapted by local health jurisdictions for their own use. The Health Insurance Portability and Accountability Act (HIPAA) also includes extensive regulations for the release of personal medical information by providers and any other agents involved in sharing medical information. New administrators should be familiar with these rules and regulations and the implications for LHJ operations.

Informatics

Informatics is the scientific field that deals with the storage, retrieval, and sharing and optimal use of data, information and knowledge. Over the last decade, informatics specialists have begun shaping a unified information technology framework through the development and advocacy of standards. There are standards available for all aspects of information technology, including hardware, communications, databases and data.

Principles of Public Health Informatics

Four principles, flowing directly from the scope and nature of public health, distinguish informatics from other specialty areas.

- The primary focus of public health informatics should be applications of information science and technology that promote the **health of populations** as opposed to the health of specific individuals.
- The primary focus of public health informatics should be applications of information science and technology that **prevent** disease and injury by altering the conditions or the environment that put populations of individuals at risk.
- Public health informatics should explore the potential for prevention at **all vulnerable points in the causal chains** leading to disease, injury, or disability; applications should not be restricted to particular social, behavioral, or environmental contexts.
- As a discipline, public health informatics should reflect the **governmental context** in which public health is practiced.

Informatics Approach in Washington

For more than five years, Washington has been formulating a unified planning process, following the principles of informatics, to develop an integrated notifiable condition surveillance system. Information systems in public health should be designed cohesively to support common business practices, using common system architecture and data standards. In this way, DOH can develop systems to be used by multiple programs, making more effective use of both the data and the department's information system resources. The work group concluded that DOH must consider the entire notifiable condition surveillance framework, with all its component parts, including the health care industry and local, state and federal health agencies, as a *system*, with a system-wide approach to planning.

Washington Electronic Disease Surveillance System (WEDSS)

<http://www.cdc.gov/od/hissb/docs.htm>

The planning by the Informatics Project has led to the formation of the Washington Electronic Disease Surveillance System (WEDSS) project. The WEDSS project serves as the umbrella for multiple projects, each intended to address a specific component of the notifiable condition surveillance system. These four projects are: 1) reporting of data from the clinical health care system to the appropriate public health agency and between public health agencies; 2) management of case information; 3) management of aggregated surveillance information; and 4) analysis and dissemination of information. WEDSS also includes a technology infrastructure project to enable all of this information exchange to take place in a secure electronic environment.

Public Health Information Technology Committee (PHIT)

At the February 2000 WSALPHO meeting, DOH gave a presentation on the possibility of redesigning Thurston County's Public Health Issue Management System (PHIMS) and making it available to all local health jurisdictions. Many WSALPHO members expressed a concern that coordination was needed between LHJs and DOH staff considering other automated systems. It was decided that a committee should be formed, chaired by the DOH Chief Technology Information Officer (CTIO), to advise WSALPHO on information technology issues and opportunities to purchase or develop systems that would have potential broad use within LHJs in Washington.

As a result, the joint state and local Public Health Information Technology (PHIT) committee was created to conduct the information systems planning effort, within the context of the Public Health Improvement Plan (PHIP) and under the oversight of the PHIP Steering Committee. As a first step in the planning effort, the PHIT has initiated a high-level review and discussion of business/work processes that occur within all local health agencies. The committee is defining the business/work processes, discussing whether significant and measurable improvements are possible for those processes, and developing priorities for improvement efforts using information

technology. The PHIT will disseminate these recommendations broadly in the public health community in Washington, seeking input on the specific priorities. The PHIT will modify its recommendations based on this input and relay them to the PHIP Steering Committee for inclusion in the state's overall public health system improvement process. Further information on the PHIT is available from Frank Westrum, Acting Chief Technology and Information Officer for DOH, at frank.westrum@doh.wa.gov.

The PHIT work plan established in 2000 includes the following goals and objectives:

Standards Development	<i>Standards to support business applications: data sharing, current and emerging technology, HIPAA, common data elements, etc.</i>
Create opportunities for System Efficiencies	<ul style="list-style-type: none">▪ Disseminate information about local and state technology projects.▪ Encourage technology-based information exchange wherever possible.▪ Establish priorities for web-based technology, special networks, information exchange, IT management, coordination of systems, streamline data collection & reporting, etc.
Leverage System Resources	<ul style="list-style-type: none">▪ Bulk purchasing▪ Appropriate technology▪ Pooling of resource and capacity
Emerging Technology	Make recommendations regarding emerging technology
Training	Collaborate with Workforce Development initiatives

Education - Washington Public Health Training Network (WAPHTN)
<http://www.doh.wa.gov/waphtn/>

To address both informal (meetings, planning and group problem solving) and formal learning needs (traditional classroom style curriculum), the Internet is used in combination with audio teleconferences, video conferences, satellite teleconferences, a videotape lending library and classroom experiences to increase access for a geographically dispersed workforce.

While the Intergovernmental Network system connects state and local public health agencies for computer applications, other technology infrastructure is more fragmented. Some local health jurisdictions have purchased their own equipment (such as satellite dishes or compressed video), but most of the existing telecommunications systems (other than telephones) are negotiated through partnerships with other health and educational systems. DOH provides access to these resources through the Washington Public Health Training Network.